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# **SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH**

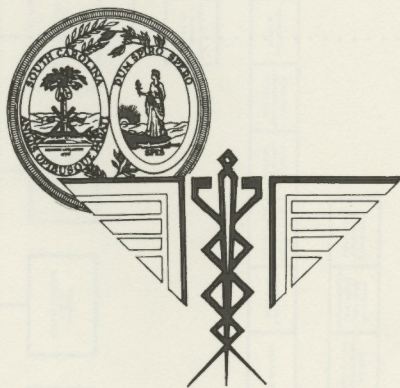
## **ANNUAL REPORT 1972-73**



Printed Under the Direction of the  
State Budget and Control Board

# **SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH**

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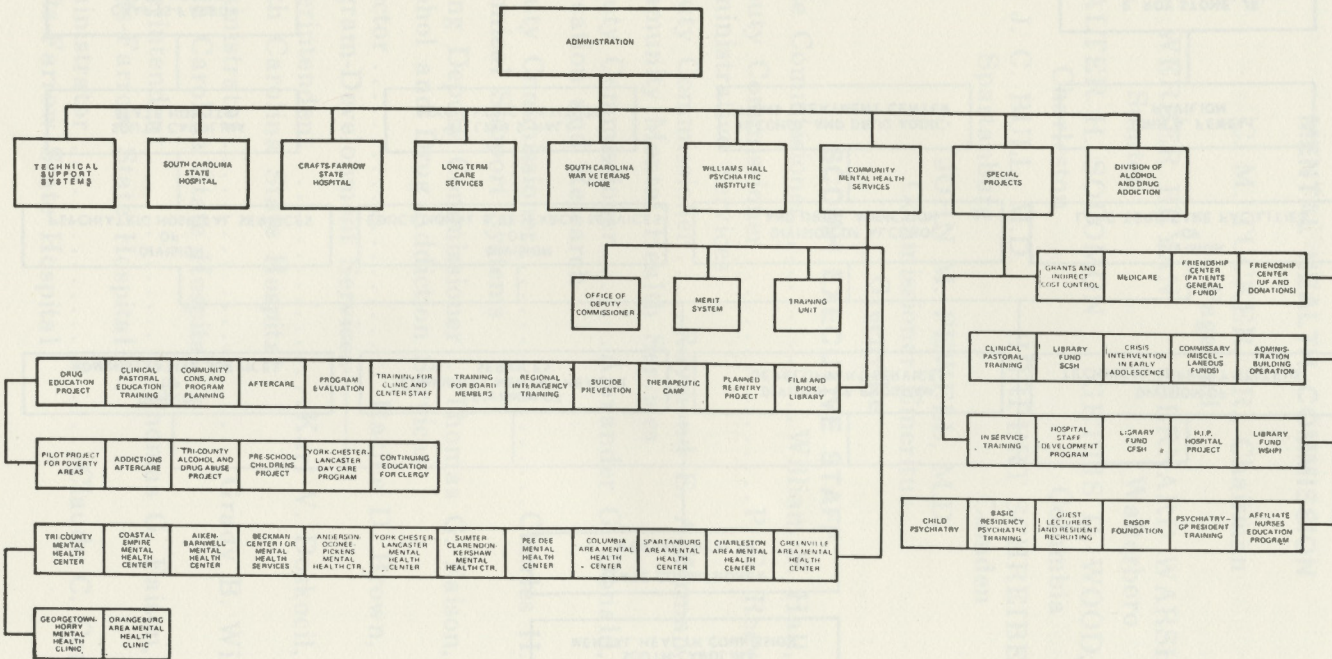


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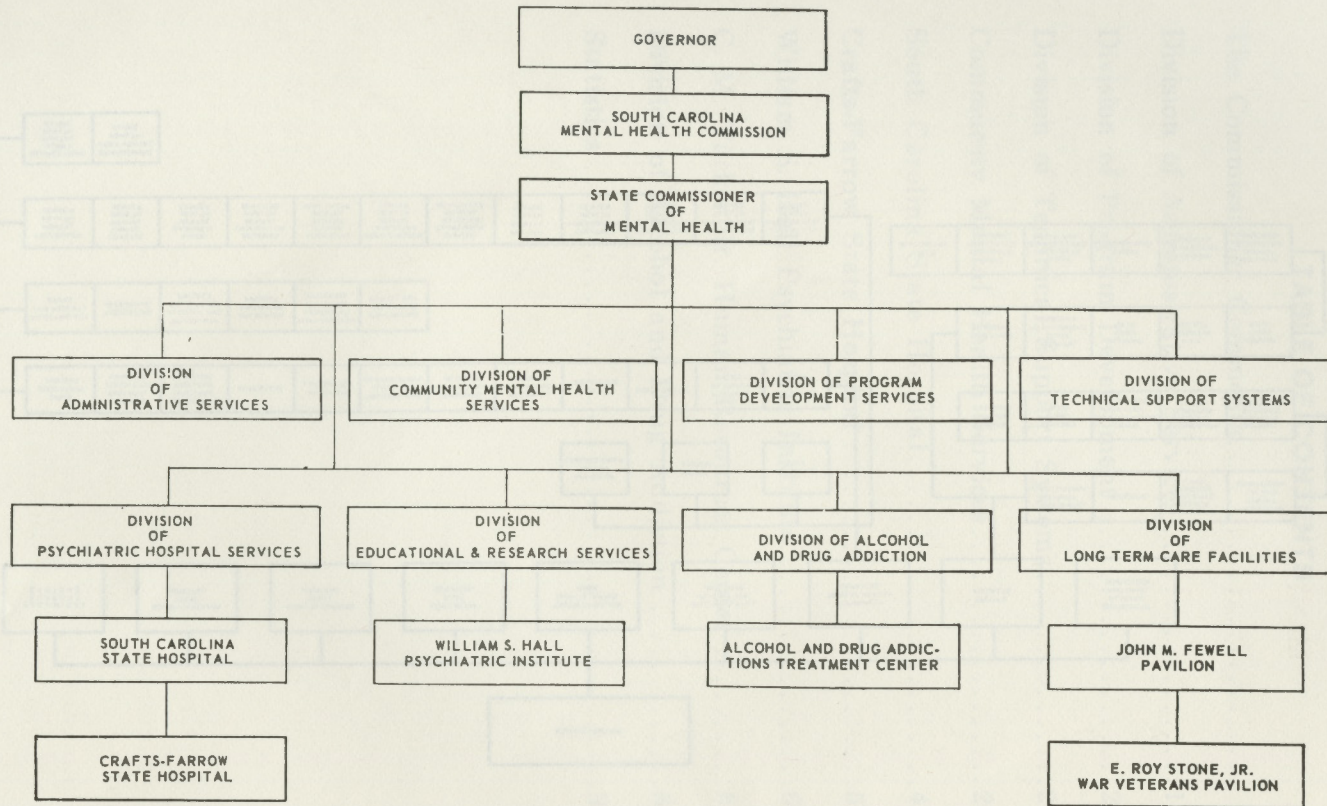
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STATE OF SOUTH CAROLINA  
DEPARTMENT OF MENTAL HEALTH



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Superintendent ..... Karl V. Doskocil, M.D.  
South Carolina State Hospital

Administrator ..... Grady B. Wingard  
South Carolina State Hospital

Superintendent ..... Thomas G. Faison, M.D.  
Crafts-Farrow State Hospital

Administrator ..... Claude C. Connelly  
Crafts-Farrow State Hospital



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Administrator ..... Frank E. Blakely, Jr.  
 C. M. Tucker Jr. Human Resources Center

Administrator ..... William C. Luehrs  
 Alcohol and Drug Addiction Services

This Annual Report is an official publication of the South Carolina Department of Mental Health, William S. Hall, M. D., State Commissioner of Mental Health.

Ted Shelton ..... Director of Public Affairs  
Chief of Information

Susan Craft ..... Editor

### LIST OF PUBLICATIONS

1. Annual Report (annually, on fiscal year basis)
2. The REPORT, monthly employee newsletter
3. Psychiatric Forum, professional journal published quarterly by the William S. Hall Psychiatric Institute
4. "Community Mental Health Services 1923-1973" commemorative historical brochure for 50th Anniversary of CMHS
5. D<sup>2</sup> — Data and Dialogue, Community Mental Health Services monthly employee newsletter



## THE COMMISSIONER COMMENTS

This year I have talked much about human rights and humane treatment. I have hoped, and do hope that all SCDMH employees share my compassion and my commitment.

The Joint Commission of Accreditation of Hospitals took a strong and hard look at our facilities and our staff and their survey resulted in an interdepartmental re-evaluation and the formation of a New Direction for the SCDMH.

South Carolina State Hospital and Crafts-Farrow State Hospital have been accredited for one year, with most demanding recommendations for immediate improvements to environment and staff.

Since two-year accreditation is standard for those facilities which meet the minimal requirements established by JCAH, anything less than that puts an institution on notice that it failed to measure up.

Thus, a one-year accreditation can be assumed to be a probationary period in which to make things right. I consider S. C. State Hospital and Crafts-Farrow State Hospital on probation for one year. I hope we can convince the General Assembly and this State's Citizens of this compelling fact.

This year we made our annual appearance before the State Budget and Control Board requesting and explaining the needs and the justification of our annual budget request. Our projected budget for fiscal year 1974-75 totals \$43,100,521 of which \$7,545,920 represents salaries for 1,152 new positions.

A presentation was also made before the Legislative-Governor's Committee on Mental Health and Mental Retardation at their key conference. At that meeting we highlighted our budget needs, but of greater importance, we outlined to the committee members our planning, our intentions, for a New Direction for the Department and its facilities.

This is a new day for the Department of Mental Health. We have outlined this new direction to solve the mounting

problems of these times. It will take all of us working together to bring this about—the General Assembly working with us through proper funding; the Legislative-Governor's Committee on Mental Health and Mental Retardation working with us through total legislative support; the strong administrative backup from the Department level; together with all of the talents, knowledge and imagination of the SCDMH employees.

In broad terms to the Budget and Control Board and to the Waddell Committee we have outlined this New Direction and I want to emphasize that what we are talking about is not a shifting, not a transfer of responsibility, but a sharing, a better distribution of the work load. In this way we will better serve the needs of our patients, and that is the ultimate responsibility—the single goal.

There are several questions which face us, the answers to which represent our intentions and further explain our New Direction.

The major question which faces us is, "Shall state hospitals (S. C. State Hospital and Crafts-Farrow State Hospital in particular) remain as they are now—large, overcrowded, understaffed, inadequate in environment, with mounting, massive needs which create a feeling of helplessness among the professional staff and a feeling of hopelessness among the patients?" The answer to this is: If we choose this course we forfeit responsibility and we must label as untruths our past humanitarian preachings. JCAH standards and the courts have made it abundantly clear that the day of the large central institution is past, and we should all say "Amen" to that. This is a message we have been trying to convey for years, but funds have never been provided to pursue the alternative.

A second major question confronts us, "Shall we depopulate the central institutions as rapidly as possible, returning to the communities those patients who can function at home with proper medication and active aftercare support?" Our answer should be obvious: This is highly desirable. It is a proper and humane course of action, but it will take an immediate increase in staffing at the central institutions and in the centers and clinics throughout the



state. This course of action will also require the ultimate in professional judgement and political understanding—political understanding on the part of the General Assembly members who will be targets to receive protests from families and communities who will be affected by the action. The ultimate in professional judgement must be constantly utilized in the selection process for patients; not only for their well being but also the capabilities of the community and family must be weighed, along with attitudes. A patient's ability to migrate back into a community must be accomplished by a community's ability and willingness to absorb the patient.

Question number three presents us with an interesting and not impossible administrative challenge, "Shall we designate a portion of one or both of our central institutions as small psychiatric facilities, and designate the remaining majority of beds as 'extended care beds' to serve our chronic, longterm patient needs; but of more importance, to better serve the needs of our increasing elderly population, and of the future, and save our institutions from non-accreditation?" I seriously doubt if the General Assembly could find the funds which would be necessary to staff our central institutions at present population level and according to the standards which have been imposed upon the category JCAH designates as "Psychiatric Facilities."

As for our senior citizens, compassion dictates that we cease making old people mental cases just to qualify them for admission into a state hospital. Our senior citizens have given too much to us and to this state for us to be so callous and offer them so little now and in their waning years.

This brings us directly to Question number four, "Should the state at last recognize its obligation and begin to provide the facilities for the elderly and the aging, such as a state nursing home complex; and/or with proper sharing of costs at the local level the development of proper facilities for the elderly in each of the 14 mental health regions in the state?" For the sake of the elderly and what little dignity they have been able to salvage and hold on to, let us call something a nursing home. Let's modify or renovate an existing structure or structures, or build a new facility for

this purpose, and then let's staff it to obtain the proper treatment attitude and environment. I believe it is desirable and necessary to have statutory authority in this area and we have requested that this be sought for the Department of Mental Health.

The last question in this group commands, or should be accorded the highest priority, or equal priority with the other critical questions before us. It is an "action" question and it must have an "action" answer. The problem it defines and the solution offered is our New Direction and it must work. The question also presents us with a challenge, "How can we immediately bring clinics to comprehensive Community Mental Health Center status, and how can we fully staff our centers to carry out a new assignment of precare, screening, evaluation and diagnosis at the community level and couple this with a strong and broad aftercare and followup program?" Stated differently, "How can we bring about the complete involvement of centers in a comprehensive, well-coordinated statewide treatment program?"

We have outlined the needs of additional staff to insert into the centers to carry out new programs; we have asked that the per capita limitation be removed so that community centers can expand as rapidly as local funding is provided; we have requested additional funding for the central office to allocate where necessary; we have renewed our request for grants from Revenue Sharing Funds to channel toward new facilities and renovation of outmoded structures.

As indicated last year the Villages, as they are constructed, will provide services at an intermediate level. Treatment failures in the centers would be referred to the Villages and for those requiring extended long-term care the patient would be transferred to, what we hope will be, vastly improved facilities in the Columbia complex.

This then is our program—our New Direction for the South Carolina Department of Mental Health and its facilities and divisions.

To summarize, what we have outlined here is more than a new direction for the Department and its facilities, it also



represents new hope for our current patient population who have been deprived for so long. It offers a new dimension to community mental health services for the potential patient, for the patient, and for the former patient who will pass from the central institution, through the mental health center and back into a normal adjusted lifestyle within the community. What we have outlined here is a practical and dramatic solution to the problems that beset us.

Earlier this year we brought to an end a series of events which marked the observance of the 150 Years of Healing With Concern which has marked our progress, and I shall hope that this year, the first year of the next 150, and a lifetime, will see us embark upon a New Direction of total benefit to the citizens of this state and to the patients we serve.

## **DIVISION OF ADMINISTRATIVE SERVICES DIRECTOR'S REPORT**

The Deputy Commissioner, Administrative Services, plans, organizes and directs all administrative activities for the SCDMH. These services include personnel administration, finance and accounting, reimbursement, management, engineering and planning, legal, purchasing, warehousing, staff development, licensing and surveying, grants, methods improvement, internal auditing, printing, special projects, and safety.

A significant accomplishment during the year was the first step in the initiation of a computerized accounting system, which will be more fully developed during the next fiscal year.

### **STAFF DEVELOPMENT**

During the year, the department realized a long anticipated desire by implementing a continuing staff development program which has clarified the department's objectives, and provides continuing training to develop supervisory skills of the employees with the end result of better care for the patients. One program offered is entitled "The Desk Set." It is a six hour course designed to help office personnel up-grade their communication skills. A much needed program is now being planned for Department personnel which will deal with retirement and aging. This program concentrates on pre-retirement planning, i.e., income sources, financial management, Social Security, Retirement System, wills, housing, etc.

### **SAFETY PROGRAM**

The departmental safety program became a reality in September with the addition of an assistant project administrator to the Administrative Services Staff. Some of the accomplishments of this Program were: set up written policies and procedural guidelines as pertaining to the Occupational Safety and Health Act; inspection by the S. C. Dept. of Labor; currently correcting deficiencies found and brought to attention by the Safety Inspection; surveyed and inspected seven facilities of the Community Mental Health



Services; set up and maintained the bookkeeping methods as prescribed by the Occupational Safety and Health Act; submitted to the S. C. Dept. of Labor an annual report of occupational injuries and illnesses; produced the first Departmental Accident Report for the year 1972; and handled all accidents and co-ordinated with the Workmen's Compensation Fund at the S. C. Industrial Commission on compensable cases. Plans are now in various stages to set up Preventive Maintenance Programs for both mechanical and electrical systems in the Department.

### **PERSONNEL SECTION**

During the year, a total of 5,904 persons were interviewed for employment by the Personnel Division resulting in the employment of 1,129 persons. A total of 850 persons were terminated during this period. Thirty persons retired with varying years of service. During the year the Personnel Branch reviewed and up-dated many of the existing personnel policies and procedures and new ones were researched and written as needed. The "Employee ID Card" was completely revised and issued to each employee. The Employment Section actively participated in programs to hire disadvantaged individuals including thirty persons hired through the Public Service Careers Program of the S. C. Employment Security Commission, and over 200 area students placed in various facilities under the Emergency Employment Act Summer Program and the Neighborhood Youth Corps Program. Effective June 30, 1972, the State Compensation Plan was adjusted and the employees of the SCDMH received an average 5.5% cost of living increase. The Employee Relations Specialist held 99 individual counseling sessions which involved 26 employees, as well as 8 group meetings with employees and/or facility administrators. Effective July 1, 1972, the Personnel Services and Records Section implemented the State Supported Blue Cross-Blue Shield health insurance program. Also effective July 1, the awarding of service emblems and certificates became the responsibility of the facility at which the service award recipient was employed.

### **PATIENTS PERSONAL AFFAIRS**

The Patient's Personal Affairs Branch provided financial counseling services for patients and patients' representatives during the fiscal year. As a result of these efforts in conjunction with other branches, collections from paying patients were increased from approximately \$2,031,000 to \$3,200,000. Medicaid collections were approximately \$2,340,000 with Medicare collections at \$300,000. Amendments to the Social Security Act effective July 1, 1972, are expected to greatly increase receipts from Medicare in FY 1973-74. A reimbursement project for social services under Title I, 10 14, and 4A of the Social Security Act, resulted in receipts of \$160,000 with collections expected to increase rapidly in the forthcoming year.

### **ENGINEERING AND PLANNING**

The Engineering and Planning Section continued development of the Master Plan for the Department. Village "A" is still in the planning stage and the village system planning and evaluation committee has begun preliminary work on the next village, Village "B". The Department will change over to the State Centrex Telephone System in December, 1973, which will require an information service that the present switchboard operators perform. Plans are being implemented to provide a fire alarm system connecting the facilities to the City of Columbia Fire Dept. The Division of General Services of the State Budget and Control Board has decided to enter into a central warehouse operation per the Governor's Review Council and use the Department's facilities on Gregg St. The plan was initially to renovate and construct an addition to the warehouse for operation in three phases; however, with General Services entering into the central warehousing, the first two phases planned would be incorporated into one contract.

### **LEGAL BRANCH**

The legal branch continues its function of the collection, enforcement and protection of the Department's claims and liens for medical care and maintenance rendered to



patients. In addition, in cooperation with the Attorney General's office, the legal branch has recently undertaken cases involving the judicial commitment of mentally ill persons to State mental health facilities for medical care and treatment.

### **PURCHASING AND PROPERTY BRANCH**

Approximately \$5,000,000 consumable supplies were ordered, received, stored and issued by the Purchasing Section during the year. Several problems were encountered here with inadequate warehouse space, poor laundry services resulting in excessive amounts of linen and clothing placed in circulation and an extraordinary increase in food prices and short supplies of certain food items. All depreciable property owned by the SCDMH was re-inventoried and updated during the fiscal year.

### **LICENSING SURVEYS**

In the licensing section, 26 Foster/Community Care homes were relicensed caring for 312 residents and/or patients in the alcohol and drug, veterans, retarded, emotionally disturbed, autistic and mental categories. Thirteen additional homes are now in variable development stages.

### **GRANTS SECTION**

The Grants Section has administered 30 grants during the 1972-73 fiscal year for a total of \$2,602, 873. Seven of these were for comprehensive community mental health centers. Community Mental Health Services also had 7 additional grants. South Carolina State Hospital had 6 grants; Crafts-Farrow State Hospital had 4, and the William S. Hall Psychiatric Institute had 6.

### **PRINT SHOP**

The Print Shop printed 5,282,606 copies this year. A total of 16,062 masters were used in printing this total. The printed work varied from forms for daily use throughout the department to brochures and pamphlets. The Print Shop also printed letterhead stationery and letterhead en-

velopes for all facilities and mental health clinics. There was a total of \$109,510 worth of business transactions completed this year. Supplies, paper stock, etc. cost a total of \$55,876.04.

### **FRIENDSHIP CENTER**

The Friendship Center continued to render non-residential social rehabilitation services to persons who have had mental or emotional illness and who are in need of help for their readjustment to community living. The Center's total services rendered to its members for 1972 were 5,915 and the number of members hospitalized during the year were 4.

### **INTERNAL AUDITOR**

Seven components (clinics and/or centers) of the Community Mental Health Services have been audited in order to control operational functions. New procedures and guidelines were written for Anderson-Oconee-Pickens MHC in order to provide proper accounting controls. Monthly expenditure reports are being submitted to the Friendship Center for United Community Service Grants. The SCDMH commissary has been audited during this year. Various surveys have been performed in order to surmise the operational functions. At the present time, policies and procedures for all cash flow within the SCDMH are being formulated and are in various stages of development.



**FINANCIAL STATEMENT**  
**July 1, 1972—June 30, 1973**

**EXPENDITURES 1972-73**

Office of State Commissioner:

Salary & Wages .....	\$ 92,586.80
Total.....	92,586.80

Division of Administrative Services:

Salary & Wages .....	1,094,708.67
Other Classes.....	<u>283,975.39</u>
Total.....	1,378,684.06

Division of Technical Support:

Salary & Wages .....	206,011.27
Other Classes.....	<u>181,828.55</u>
Total.....	387,839.82

Community Mental Health:

Salary & Wages .....	3,157,337.32
Other Classes.....	<u>1,679,852.38</u>
Total.....	4,837,189.70

Psychiatric Hospital Services:

Salary & Wages .....	13,487,856.62
Other Classes.....	5,690,226.52
Voc. Rehab. (State Quota) .....	<u>129,679.00</u>
Total.....	19,307,762.14

Division of Alcohol & Drug

Addiction Center:

Salary & Wages .....	315,680.32
Other Classes.....	178,603.53
Voc. Rehab. (State Quota) .....	<u>1,187.64</u>
Total.....	495,471.49

Division of Education

Research Services:

Salary & Wages .....	2,167,793.50
Other Classes.....	460,148.08
Voc. Rehab. (State Quota) .....	<u>6,169.77</u>
Total.....	2,634,111.35

GRAND TOTAL .....\$29,133,645.36

**SOURCE OF FUNDS**

State Appropriation .....	\$21,596,584.17
Federal Grants .....	1,664,451.95
Local Funds .....	1,512,656.84
Institutional Revenue .....	701,285.01
Medicaid .....	2,343,471.85
Medicare .....	200,000.00
Alcoholic Taxes, Fines & Fees .....	<u>1,115,195.54</u>
Total .....	29,133,645.36

**REVENUE STATEMENT***(Revenue Remitted to General Fund)*

Community Mental Health	
Institutional License Fees .....	<u>263.00</u>
Total .....	263.00
Psychiatric Hospital Services	
Sale of Salvage .....	1,139.57
Rents .....	<u>6,862.51</u>
Total .....	8,002.08
GRAND TOTAL .....	8,265.08



### **DIVISION OF PROGRAM DEVELOPMENT**

The predominant action area for the Division of Program Development in 1972-73 focused on the development of Village System program plans. Substantial efforts were devoted to the Village System Pilot Project (a prototype for Village A), to the development of capital funding for Village B, and to an experimental manpower program under a National Institute of Mental Health contract. Conjoint work with staff of the Appalachian Health Planning Council point toward a creative regional mental health program plan. Additional organization development expertise has been developed in the person of a new staff member. During the coming year, the Division staff will concentrate new efforts on working with the central hospitals as they undertake major change efforts, and on the further development of the Department's services to children and youth.

### **DIVISION OF TECHNICAL SUPPORT SYSTEMS**

Technical Support Systems is a relatively new Division within the Department, having been created in February of 1972. Four sections make up this Division, which are the Computer Center, Business Systems, Statistical Section, and Clinical Systems.

#### **COMPUTER CENTER**

The Computer Center was extensively upgraded this year. The former Univac 9200 computer was replaced with a third generation IBM 370 Model 145 computer. This multiprocessing, multiprogramming computer, which operates at many times the speed of its predecessor, has disk capacity of 200 million bytes, a central processor unit with 256 thousand bytes of storage, and four magnetic tape handlers for additional storage. An 1100 line per minute printer and a 500 card per minute reader/punch device compose the input/output equipment.

Prior to the installation of the IBM computer, an IBM 2922 remote terminal, connected by a telephone communication line to the University of South Carolina com-

puter system, was installed in order to convert existing Univac coded programs to IBM operational programs. The conversion effort was completed on schedule and with desired results.

### **BUSINESS SYSTEMS**

The function of this section is to design, program, and implement business systems within the Department of Mental Health for the purposes of computerization.

Phase II of the Property Inventory System, which added all Clinics to the Property Inventory Master File, was implemented in September 1972. A Fiscal Year Audit Procedure was designed for the Patients Personal Funds System to be used in July 1973. Modifications were made to the Payroll System to better utilize the capabilities of the new computer. A study of the Personnel Strength System was started with the idea of combining Personnel Strength and Payroll in order to improve accuracy of Personnel Strength reports and reduce computer run time. Analysis and design was started in April 1973 on a Purchasing and Inventory System and programming is expected to begin in September. A Financial Management System is now being studied and, if approved, will be implemented during fiscal year 1973-74.

A study is being made on file and records management by the Systems Analyst in the Technical Support Systems Division, along with the possible use of Microfilm within the Department. Design and revision of agency forms is also under consideration.

### **STATISTICAL SECTION**

During 1972-73 the annual statistical report was revised and expanded to provide a more timely and comprehensive account of the activities of the SCDMH. The Research & Statistics Section also initiated the publication of a series of special reports to briefly provide up-to-date information on items of interest. Data was maintained and programs written to allow appropriate response to information requests.

During the coming year the Research & Statistics Section plans to turn over to the Computer Center and Clinical



Systems the data processing functions that it has assumed in the past, and to direct itself more toward developing a plan for program evaluation.

### CLINICAL SYSTEMS

The Clinical Systems Section was established in October 1972. The purpose of this new section was to obtain from outside sources pre-developed software packages pertaining to admission, movement, and discharge of patients, computer-assisted patient diagnosis, prediction of patient's action, drug utilization and other pertinent information lending itself to computerization, which would benefit the patients and/or their care.

Detailed studies and surveys were conducted on two major clinical information systems, the Missouri Standard System of Psychiatry (MSSOP) and the Multi-State Information System (MSIS). Site visits were made to the Missouri Institute of Psychiatry in St. Louis, and the Rockland State Hospital in Orangeburg, New York, to evaluate the two systems' hardware and facilities.

The Clinical Advisory Group was formed in October 1972 as an interface between the Clinical System and the clinicians within the Department. This group will determine what applications are to be implemented and the associated time frames. To further the knowledge of this group, classes and symposia have been attended in addition to on-site visits to various facilities using computerized clinical systems.

A technical staff of Programmers and Analysts have been employed and their training has included several weeks of classes on IBM equipment systems and computer language. Acquisition of Software and Hardware configurations include parts of both MSIS and MSSOP. Other acquisitions include a data controller for local and remote terminals and communication lines. A comparison analysis of both the MSIS and MSSOP systems, as related to the SCDMH forms analysis and design, has been completed.

An introduction of the system has been made to administrators and clinicians in addition to a number of presentations to the Executive Committee, Commissioners,

and nursing groups. Investigation is presently underway into the early inclusion of Community Mental Health Services.

A number of meetings have been held with the staff of the office of the Attorney General in an effort to study the legal aspects of computerizing clinical data. Surveys are presently being conducted with other states in regard to their status on medical records.

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An extensive systems reference library is being developed which will include manuals, tapes, data bases, materials on program planning, language data, and information as to capabilities, function and procedures of computer operations.



## **COMMUNITY MENTAL HEALTH SERVICES DIRECTOR'S REPORT**

A most significant accomplishment during the fiscal year is that all 46 counties in the state participated in community mental health services. It is most significant and reassuring that local officials have accepted their responsibilities and are providing mental health care for the citizens they represent.

The seventh comprehensive mental health center in the state, the Beckman Center for Mental Health Services, became operational on October 1, 1972. Applications for comprehensive center status were submitted from the Coastal Empire Mental Health Center serving Beaufort, Jasper, Allendale, Hampton, and Colleton counties, and the Pee Dee Mental Health Center serving Florence, Marion, and Darlington counties. The Santee-Wateree Mental Health Center's (formerly Sumter-Clarendon-Kershaw Mental Health Center) application for the construction of a facility in Camden was received and approved. In addition, staffing applications for the expanded provision of children's services were received from the Columbia Area Mental Health Center; the Anderson-Oconee-Pickens and the Greenville Area Mental Health Centers' application is a joint one in which they propose to provide certain common services for the two catchment areas and then specialized services within each catchment area. The Federal Community Mental Health Center's program was extended for one year and even though a question remains about funding, these catchment areas are optimistic for the future and the proposed extension of mental health services at the local level.

When the centers in Coastal Empire and the Pee Dee areas become operational this will mean that there are 9 comprehensive community mental health services in South Carolina. This leaves only 5 areas uncovered by comprehensive services and means the progress toward reaching the goal of 14 mental health centers set by the Governor's Advisory Group in 1965 is steadily proceeding. It does not seem unreasonable that this goal is out of reach

and in the non-center areas, for example, York-Chester-Lancaster, plans are being finalized for expansion into comprehensive mental health services.

Divisional personnel continue to be actively involved in the village planning development. The Santee-Wateree Mental Health Center is actively working with the village pilot project and already data is favorable towards the reduction of admissions to State Hospitals.

Site visits were conducted in the community facilities during the year as a continuation of the efforts to maintain standards and program quality. The program areas of aftercare, children's services, and substance addictions received priority during the year resulting in the expansion of the Division's Aftercare Section, services for autistic children in Charleston and Spartanburg, and addiction workers employed at both state and local levels.

A fifteen minute color film, "A Mind Content: Living for Today," about community mental health services has been produced for the division by the South Carolina Educational Television Network. The film will be released early in the next fiscal year.

### **TRAINING UNIT**

The divisional stipend and training program continues to be a source of hard to find professional mental health personnel for expanding community mental health services. As demands on service programs become more complex and diversified, it is necessary to diversify training as well, and the stipend training program is moving in this direction emphasizing training for those disciplines that are hardest to recruit and employ. The division is also working closely with the training programs at the WSHPI, University of South Carolina, Clemson University and other colleges and universities in the state making every effort to place those trained persons in community mental health service programs.

### **PROGRAM EVALUATION PROJECT**

The Program Evaluation Project of the Division of CMHS coordinated the service agreement between the



SCDMH and the S. C. Department of Social Services providing for reimbursement of funds directed toward services for current, former, and potential social services recipients.

The Program Evaluation Project developed a preliminary cost finding and rate setting manual in conjunction with the CMHS finance section as well as developing a foundation grant proposal to expand and evaluate aftercare services.

The Program Evaluation Project served on a departmental advisory committee studying the development of a departmental wide computer system.

### **FILM AND BOOK LIBRARY**

The chief purpose of the Film and Book Library, the education unit of CMHS, is that of dispersing pertinent information on mental health issues, dimensions and concerns to the various communities in the state.

Information has primarily been distributed through films, filmstrips, and cassettes with secondary emphasis on printed materials, supplemented with pamphlets and journals.

The impact of the services offered by this unit was shown in this year's annual report. The number of films sent out for fiscal year 1973 totalled 5,932 with an overall yearly attendance of 336,266 persons viewing the films. An estimation of the cost of mailing the films and other materials divided by the total attendance reached reveals that the cost of the program per person directly served is about one-half cent.

### **AFTERCARE SERVICES SECTION**

Programs for Aftercare clients were seen increasingly in the satellite units of many clinics and centers. Much attention was focused on the recruitment and training of volunteers in Aftercare who provided clerical assistance, activities, transportation and co-leadership in groups in the Aftercare programs.

The group method of providing Aftercare Services to large numbers of patients continued to demonstrate the

greatest impact in reducing hospital retention rates. For 328 individuals released from the state hospital system who never availed themselves to treatment opportunities, 43 percent were in the hospital one year later. Of 258 persons who were followed by individual medicine checks, 30 percent were in the hospital one year later. However, where 216 patients were involved in group Aftercare programs, only 14 percent were in the hospital one year after discharge.

### **CAMP LOGAN**

In its fifth year of service, Camp Logan 1973, held at the site near Walhalla, accommodated 48 children who represented 11 of the 14 mental health center catchment areas and WSHPI. The staff included one director, two assistant directors, a full-time nurse, an administrative assistant, a waterfront director, an arts and crafts director and 21 counselors.

A special effort was made this year to closely coordinate the services to be offered before, during and after camp, to campers and their parents by the participating facilities, with the therapeutic program of the camp.

### **AUTISTIC CHILDRENS PROGRAM**

In October, 1972 a program was begun in the Charleston schools for seven autistic children. This year the program will be expanded to serve approximately 15 children and will include pre-school age children. A CMHS staff person received training at the Judevine Center in St. Louis, Missouri and is prepared to provide consultation to either existing or contemplated programs for autistic-like children.

A second program is planned in Spartanburg at the Charles Lea Center. Four children have been accepted initially with the intention of adding more at the beginning of 1974.

The Judevine Center serves as the model for both of these programs as well as provides the training for the teachers and program coordinators.



## **PLANNED RE-ENTRY PROGRAM**

Since its inception in the spring of 1968, the Aiken Planned Re-Entry Program has served to be a model for innovation with respect to major mental illness and community involvement with aftercare patients released from the two state hospitals. Effective communications among the local community agencies and between the two state hospitals remain the major goal of the project.

Other objectives of the Planned Re-Entry Program are to pioneer for better ways to serve psychiatric patients once they return to the community. There are two homes in Aiken that receive patients who would otherwise be homeless and negotiations are being made for two other such homes. Such facilities should serve both to reduce the necessity for admitting patients from the county as well as having a dramatic impact upon residence population reduction within the hospitals.

## **DRUG EDUCATION PROJECT**

The Division continued its collaborative efforts with the Columbia Drug Abuse Education Project (under the direction of the Columbia Urban Service Center) and was assisted by CMHS with both financial support and consultation. Most of the monetary support was utilized to defray expenses incurred by a community trainer, known as a "coordinator of education", whose role was to facilitate relationships with churches, schools, community organizations and interested individuals concerned with preventive education in the area of drug abuse. The trainer worked under the direct supervision of the local Columbia Area Mental Health Center while functionally being supervised in part by the coordinator of the Columbia Drug Abuse Education Project.

## **IN-SERVICE TRAINING AND COMMUNITY EDUCATION**

Two regional training programs were held, one in the Piedmont Area, and one in the Low Country, to which personnel from all 14 community mental health facilities were invited as well as community caretakers. The focus of the Piedmont workshop was on providing mental health care to

adolescents. The focus of the Low Country workshop was on various modalities of treating addicts and family problems.

In cooperation with the Cedar Springs School for the Blind, the first workshop of an interagency, interdisciplinary nature in the nation to meet with the prime purpose of looking at the mental health needs of the blind and ways in which some of those needs could be met was sponsored. A second interest group of an interagency, interdisciplinary nature met to look at the mental health aspects of aging. Additional workshops were held by various clinics and centers in the area of transactional analysis, crisis intervention, parent effectiveness training, family therapy and behavior modification.

### **CLINICAL PASTORAL EDUCATION**

Clinical Pastoral Education programs continued to be offered to community clergymen at the Anderson-Oconee-Pickens, the Columbia Area, and the Greenville Area Mental Health Centers. Approximately 300 clergy were involved in some type of pastoral care continuing education sponsored by centers and clinics.

### **ALCOHOL AND DRUG PROGRAMS**

In the past fiscal year, there were three broad categories of programmatic activities relating to alcohol and drug abuse programming:

- 1) **ALCOHOL ABUSE AND ALCOHOLISM PREVENTION PROGRAM**—The CMHS established an addictions consultant to administer the funds allocated it. The addictions consultant attempted to encourage and implement alcohol programming throughout CMHS. Every community mental health center and clinic is involved in programmatic efforts in relation to either alcohol prevention, treatment, or rehabilitation. Through the addictions consultant, five community mental health centers and clinics received grants to hire a person on their staff to work specifically with alcohol-related problems. Three of the five clinics currently have put the program into



operation. The three clinics are: Aiken-Barnwell Mental Health Center, Orangeburg Area Mental Health Clinic, and Pee Dee Mental Health Center. The Tri-County Mental Health Clinic and the York-Chester-Lancaster Mental Health Center will begin their programs soon.

- 2) **ADDICTIONS AFTERCARE**—In the past fiscal year, the Alcohol and Drug Addictions Treatment Center made available to CMHS money to hire addictions specialists in three of the comprehensive community mental health centers. The primary function of the addictions specialist has been to help plan addictions programs in their respective mental health facilities and also to help expedite the flow of patients to and from their catchment area to the Addictions Center. The Greenville Area Mental Health Center and the Charleston Area Mental Health Center both employ an addictions specialist.
- 3) **ALCOHOL SAFETY ACTION PROJECT**—The Columbia Mental Health Center through contractual agreement provided outpatient treatment services for those persons with alcohol-related problems. The project funded through the National Institute of Alcohol Abuse and Alcoholism provides three and one-quarter professional treatment slots and one secretarial slot on the staff of the Columbia Area Mental Health Center. The project was initially designed to be part of the Richland County Alcohol Safety Action Project. It was funded through NIAAA on the basis of an ASAP project being available in the community.

### **ADOLESCENCE RESOURCES CENTER**

Community Mental Health staff as well as state and local organizations, have joined the Center in operations designed to increase resources for the adolescent population group.

Random samples of children have been followed through early adolescence not only to record how children, their families and schools, have coped with stress associated with

this life stage, but also how community resources can reduce the mental health hazards and casualties of this period.

Program activities in three school districts ended fall 1972. Data processing completed, Center staff are now engaged in completion of publication and utilization.

The Center has available 400 publications and reprints developed in the three critical competence areas: interpersonal skills, role behavior, and emotion; other areas include school mental health, drug abuse, levels of care and treatment, coordination, training, etc. The most recent review of Center activity appears in "Perspectives in the Field of Mental Health, A View of the National Program," available from the National Institute of Mental Health.

### **CHARLESTON AREA MENTAL HEALTH CENTER**

Fiscal Year 1972/73 was a year of continued growth and consolidation for the Charleston Area Mental Health Center, reflected not only in staff, which increased from 47 budgeted positions to 52, but in space, with the opening of a satellite clinic in Berkeley County and expansion of the Children's Services into new space at the Center. Crisis Intervention services also opened in new spaces acquired in the Charleston County Hospital, and a satellite clinic is planned for Fiscal Year 1973/74 for Dorchester County.

This growth resulted in a necessary redistribution of personnel, a consolidation of some responsibilities, and the creation of new units to accommodate new services. The committee system was reorganized to provide for a broadening of the decision-making base.

Plans are underway to enter into a cooperative agreement with the Charleston Area Drug Commission, along with the Franklin C. Fetter Center, the Medical University, etc., for provision of services for drug addicts and alcoholics.

### **TRI-COUNTY MENTAL HEALTH CENTER**

Despite tight budget restrictions during 1972-73, the three offices of the Tri-County Mental Health Center, are



growing in service outputs. The Aftercare Program averaged 119 per month over two days in three locations. A new Director emphasized consultation and education, both have increased from the last fiscal year. Group therapy and all direct services have increased also. A clinical counselor (alcohol specialist) is being recruited from a formula grant. A pastoral counseling program emphasized periodic clergy workshops.

More volunteers were trained by consultants from central office and by staff members.

### **YORK-CHESTER-LANCASTER MENTAL HEALTH CENTER**

The Adult Day Care Program continued as part of community involvement by funding through the local Model Cities Program.

The Supervisor of the social workers of at least one hospital in this catchment area has been successfully contracted.

The School Consultation Program was re-established.

The Winthrop College Sociology Department has incorporated the York-Chester-Lancaster Mental Health Center facilities as part of their field placement program. A high percentage of the students have gone on to the Master's level in Education and are planning to enter the mental health field. This year 7 students were placed with the Center.

The weekly meetings with ministers and the York County Council on Alcohol and Drug Abuse have been of benefit. These disciplines have requested that such meetings be continued because of their learning experiences and close liaison with the clinic.

### **COLUMBIA AREA MENTAL HEALTH CENTER**

The greatest goals were the Executive Committee's determination to view where the Center was in terms of effective utilization of available resources; to critically analyze output of services for monies received; to assure the best of services with that available; and to hold back demands for

new programs that would jeopardize the complete attention to priority needs of the community as a whole. With this outlook, it was unanimously agreed that the top priority would be the expanding of children and adolescent services.

A grant request was drafted, approved by the National Committee only to be filed away due to the President's impoundment of federal funds. Before the end of this fiscal year, this Center through the assistance of the National Council of Community Mental Health Centers, and along with several other Centers, filed a class action suit to release the funds. At this writing the funds were released to the Federal Court for disposition. The defendants attempted appeal proceedings only to be denied at the initial hearing. The award of federal funds approved for the Columbia Center was \$404,025.

*Outpatient Services:* Of the average monthly admissions of 179, this service handled approximately 84% or 150 of these cases.

During this period the direct services project personnel for alcoholic abuse were physically quartered in the Center building as opposed to the leased cottages across the street on Sunset Drive.

With the decrease in aftercare clinic services of the State Hospital, the Center's programs to this specialized group expanded into two units for referrals, screening, group medication appointments and other appropriate services such as individual medication check by three part-time physicians employed in the evenings and on Saturdays by the Center.

*Child and Adolescent Services:* Although there was an increase in referrals to this unit, the average waiting period dropped from four to two weeks.

With the assistance of rotating practicum students such as—two graduate social workers, three graduate educational students, four nursing students, three Midlands Technical Institute students, two Vocational Rehabilitation Summer Interns and one graduate psychology student, a summer day camp was provided for



25 children. This therapeutically supervised activities group was for children who were not able to attend the State sponsored camp for emotionally disturbed children, due to the lack of available space.

*Inpatient/Partial Hospitalization:* Programs were scheduled to correlate additional therapy groups and adjunctive therapy utilizing more of the available community resources; a Center employed Vocational Rehabilitation Counselor was incorporated into the treatment team; chaplain interns were used for religious oriented group experiences; Community Services Division personnel were added to both teams facilitating a greater utilization of community resources; psychology interns became more involved in direct patient therapy, staff inservice training, and as co-therapists; day care groups were increased to provide more intensive therapy to meet needs of family units; single groups were begun—an offshoot of family groups—to provide services to individuals divorced, widowed, or otherwise alienated.

*Community Services Division:* The forming of this Division was for the purpose of a more aggressive involvement with the community before mental health problems became acute.

Several programs were developed during the year by this group of consultation and community education experts and many programs were a continuance from early relationships.

*Clinical Pastoral Education Program:* The program which was projected for community clergymen last year was deferred due to lack of qualified applicants. However, another program is projected to begin September 24, 1973, which will run through the month of May 1974. Eight clergymen applied, 6 were accepted.

*Clergy Task Force:* As a result of a symposium in the spring, consisting of 60 clergymen from the Columbia area, a clergy task force was formed with 6 of their members for the purpose of creating an effective communications link between the Center and the community churches.

*Volunteer Services:* A training curriculum and a series of job descriptions were developed which assured a higher degree of volunteer competency.

*Law Enforcement:* Through proper planning and a greater involvement of Center personnel, a working relationship has developed with the Columbia Police Department by assisting them in the screening and training of their prospective applicants.

### **GREENVILLE AREA MENTAL HEALTH CENTER**

There were several program changes made during the year in order to make outpatient services more accessible to the Greenville Mental Health Center's clientele. Night clinic hours (until 8:30 p.m.) two nights each week were established in November, 1972. The first satellite clinic, the North Greenville MHC, was opened in April, 1973, with two professional staff members and a secretary. This clinic serves the Travelers Rest, Slater-Marietta and Tigerville communities.

The partial hospitalization program was restructured in January with a three days a week schedule and plans to be operational five days a week in the near future. The Marshall I. Pickens Hospital and the Greenville Area MHC jointly operate the partial hospitalization program.

Consultation services to agencies and other care-givers were expanded during the year. Consultation is now provided to ministers, teachers and other personnel, Red Cross, Project Hope, the Greenville Drug and Alcohol Commission, United Speech and Hearing Center, Headstart, Project PLEA, Family and Children Services, Dept. of Social Services, the Greenville Re-Direction Center, Greenville County Dept. of Public Health, OEO, Employment Security Commission and others.

The Center continued to provide mental health education to schools, agencies and the general public. Staff members made numerous talks and workshop presentations during the year. Staff members did three radio "talk" programs of two hours each on station WHYZ. The topics covered were "Substance Abuse," "Homosexuality," and "Suicide." Crisis Intervention and AID jointly developed a brochure



and distributed thousands of these throughout the catchment area. The volunteer publicity committee of Crisis Intervention obtained regular publicity for this service through local media.

In addition to the importance of providing education to the community, the Center enlarged inservice training for its own staff during the past year. Well planned weekly inservice programs were held with the goal of upgrading all staff members and the overall functions of the Center. Also, social workers and counselors from the school system and some personnel from other agencies have regularly attended these inservice programs.

The Center is involved in formal training programs for several professions—family practice residents, graduate students in social work, and is a placement agency for the Mental Health Technology Program at the Greenville Technical Education Center and is utilized by local psychology department for training purposes.

The Center recently developed a tape library and added new volume to the library in order to enhance all of the training efforts previously mentioned.

The Center continued to provide a great number of outpatient services and community services during the year. Nine-hundred-ninety new cases were opened. There were 9,241 patient interviews in individual therapy sessions, 3,015 in group therapy and 423 in family therapy.

One of the Center's planned satellites became a reality during the past year and as the new year begins, other satellites are near to becoming realities depending on funding and expansion of staff. An Addiction's Specialist was appointed and is coordinating existing services and developing new ones in the area of substance abuse. New services will unfold in the coming year.

Coordinated efforts involving the entire staff and the Administrative Board have made the changes and growth of the past year possible. The plans for 1973-74 are expected to result in a fruitful and exciting year ahead.

### **HORRY-GEORGETOWN-WILLIAMSBURG COUNTIES MENTAL HEALTH CENTER**

Williamsburg County officially became an active participating member of this clinic, initiating a name change to The Mental Health Center for Horry-Georgetown-Williamsburg Counties, with the opening of an office in Kingstree. Additional clinic staff has been added in the Conway and Georgetown facilities.

Primary delivery of services continued to focus on consultation and education, but with increasing direct and aftercare services. The aftercare program has expanded to each of the three counties on a monthly basis, with twelve groups in various stages of therapy. Staff members regularly consulted with various community agencies, such as the Alcohol and Drug Council, Helping Hand (a crisis counseling service), Parents Without Partners, ministers and Senior Citizen groups. Also, consultation services were provided in other areas such as the Headstart Program, Exceptional Children's Program, Family and Probate Courts, twenty schools, a summer therapeutic camp, Home Health Services, InterAgency Council and the Myrtle Beach Air Force Base. Consultation and educational programs have also been provided to students at the University of South Carolina, Coastal Carolina Regional Campus in Conway. Within this, nursing students from Coastal Carolina have received psychiatric training at the clinic. Additional services and programs planned for 1973-74 include a Drug Program in each county along with expansion of the school consultation and education program, especially with additional services for children on a diagnostic and evaluation level.

### **PEE DEE MENTAL HEALTH CENTER**

The Board of Directors have been gearing up their activities in developing more concrete relationships with the local county personnel which has helped to upgrade the financial responsibility of the counties participating in the clinic service area. The Board of Directors also held its first annual dinner meeting. A completed grant application was submitted establishing the need for more comprehensive services in this mental health area.



The first satellite unit of the center was officially opened and program services began being provided by the professional staff in Marion county in May. One of the first program services already under way in the Marion Satellite Unit is that of an inter-agency council for the county.

A Clinical Counselor worked with the Hotline Incorporated organization in the community.

A community hospital consultation program was developed by the center whereby the medical social workers are employed by the local hospitals and participated in a monthly consultation meeting with the center staff. Nine hospitals are represented in this effort, three of which are from a neighboring service area.

### **ORANGEBURG AREA MENTAL HEALTH CLINIC**

During this year, the Orangeburg Area Mental Health Clinic continued to provide consultative services to the communities of Orangeburg, St. Matthews, Bamberg, and Denmark. In addition to these communities, consultation has been offered to those agencies who have requested consultative services and with whom an appropriate schedule could be arranged.

The clinic is in the process of attempting to establish better rapport with various agencies in the community and is currently extending consultation as well as direct services to the various agencies and requesting the agencies to help identify more concisely their own as well as the community needs. The clinic is involved in the development of an inter-agency council which is currently beginning to be formed.

The Orangeburg Area Mental Health Clinic also had a student nurse in the master's level program come to the clinic one day per week for the practicum part of her academic training. Again the same contract with the College of Nursing has been renewed with the clinic, and it is hoped that some more nursing students will be placed in the clinic for their practicum training.

Child psychiatry fellows at the WSHPI in Columbia, S. C. have continued coming to the Orangeburg Area Mental Health Clinic as part of their elective rotation through a community psychiatric program.

The clinic staff has maintained a weekly diagnostic team evaluation for families, as well as the previously established weekly in-service training seminars for the clinic staff.

A new procedure in determining disposition of cases has been introduced to the clinic in that all cases seen initially have a thorough evaluation done by the designated intake worker. After the completion of the intake evaluation, the case is discussed with the total staff of the clinic in order to determine the appropriate treatment modality to be offered, as well as whether or not further evaluation should be recommended before determining disposition. These recommendations are then discussed with the patient prior to the beginning of therapy.

### **SPARTANBURG AREA MENTAL HEALTH CENTER**

The mental health center program serving Spartanburg, Union, and Cherokee counties continues to provide the essential services for a comprehensive community mental health center. The expansion efforts, particularly those directed towards the outlying areas in Cherokee and Union counties, have been slowed due to funding limitations.

There have been program highpoints in the work with addictions problems, work with the local jails and courts, and the program in Cherokee and Union counties continues. Expansion is planned in these areas as soon as it is economically feasible.

For the most part it is felt that the overall program during the year has gone reasonably well.

### **AIKEN-BARNWELL MENTAL HEALTH CENTER**

Fiscal year, 1972-73, proved to be a very busy year for the staff from the standpoint of not only patients seen but also new programs: New programs including those geared toward improving treatment services to the patients and those geared to reach out to help other agencies in the community through consultation and education training activities were initiated.

Open House, including a tour of the center with a staff member, was held in September following the move to the



new building. This was done not only to make the public aware of the center's existence and new location but also to acquaint them with the scope of its services.

The coordinator of pastoral services began meeting with local doctors of Barnwell County to establish rapport and improve working relations with these professionals.

The Center plans to provide more consultation, education, and training experience to non-patients and to provide more growth experiences to "normal" people such as additional "worry clinics", to become even more responsive to needs of the community.

### **ANDERSON-OCONEE-PICKENS MENTAL HEALTH CENTER**

The year saw an expansion in all areas of service. New missions were accepted; performance of each of the five essential services increased greatly, both in detail and in volume.

An alcohol and drug treatment program was initiated; a Crisis Intervention center was established, staffed, sited closer to the center of town, and operated seven days a week with 24-hour service. A satellite clinic was opened in Seneca, and staffed one day per week by Center personnel. Plans and initial surveys were made for the opening of a second satellite in Pickens County. A staffing grant request for a Community Health Education and Consultation Project was completed and submitted during the year. This grant has been approved, and the project will start shortly. Also during the year a staffing grant request for a Child and Adolescent Treatment program was completed and submitted in conjunction with the Greenville Area Mental Health Center; and when approved, the program will be carried out by both Centers.

### **SANTEE-WATEREE MENTAL HEALTH CENTER**

The Santee-Wateree Mental Health Center, previously known as Sumter-Clarendon-Kershaw Mental Health Center, employed a large number of persons during the year resulting from the achievement of comprehensive status.

The full-time management of the Kershaw and Clarendon satellite clinics reflected direct increases in delivery of services to rural areas in the catchment area.

Services including walk-in, emergency, inpatient and partial hospitalization were initiated and staff additions resulted in a large expansion of community services. Services to school personnel was largely the result of a pilot school consultation program involving ten staff members. Clergy recipients of service remained concentrated in Kershaw County with a group of clergymen who met monthly. Consultations increased at the Sumter County jail. Total and permanent disability applicants were evaluated in the partial hospitalization program, and some Vocational Rehabilitation clients were entered in the program as part of their total work-potential evaluation. The University of South Carolina School of Social Work plans to assign at least four graduate students to the Center for supervised field work. Statistics collected monthly at the Center showed a trend toward the increased use of groups and a large expansion of community services.

### **BECKMAN MENTAL HEALTH CENTER**

The Beckman Center was successful in obtaining the Federal Continuation Grant in the amount of \$323,858 and began operation as a comprehensive mental health center since the opening of the inpatient unit at the Self Memorial Hospital. Day Care facilities were provided at the Greenwood Center and an aftercare group met in Laurens for those patients who were released from the State Hospital. Clinics were conducted in each of the counties giving complete satellite coverage throughout the catchment area.

In addition to implementing these increased programs, the Beckman Center continued all of the services offered in the past as well as improved quality of service.

A primary new feature of education in mental health is a PLAYS for LIVING series which focuses on various issues and problems related to family living. One play, "War of the Words," dealing with the adverse effect on children of continuous parental quarrelling was presented three times to a total audience of more than 300 persons. Three other plays are in planning stages for the fiscal year.



Consultation in the schools increased through means of problem-solving groups of adolescents led by a member of the staff of Beckman Center who in turn offered consultation to school personnel.

Consultation and education with clergymen increased with the addition of a chaplain to the staff.

The Center continued to be a placement agency for graduate students in social work from the University of South Carolina and nursing students from Lander College received part of their psychiatric orientation at the Center.

A wide variety of treatment programs was offered by the Center which included—three aftercare programs located in Greenwood, Laurens, and Newberry counties for State Hospital returnees released in the catchment area; drugs for returnees and indigent patients; a partial hospitalization program; individual counseling; group-, occupational- and recreational-therapy; clinics throughout the catchment area; and individual, group and family therapy for alcohol and drug addicts and the aged and indigent.

### **COASTAL EMPIRE MENTAL HEALTH CLINIC**

Fiscal year 1972-73 saw a great deal of growth in almost every area of the services rendered in all parts of the Coastal Empire five county area. Administrative Services were reorganized and improved. An application for a federal grant for a mental health center building in Beaufort was submitted, approved and funded, and the architect is proceeding with necessary building plans and procedures. Completion of this building is hoped for in approximately eighteen months.

The satellite clinic in Colleton County moved into a more adequate building on the County Hospital grounds.

A staffing grant application was submitted and approved allowing for a great deal of expansion of needed programs.

A building was secured and is currently being staffed for a new satellite clinic for Jasper County.

The public of the catchment area received more information about its present and planned programs, and under the leadership of the Board the clinic enjoyed very favorable community support.



## **SOUTH CAROLINA STATE HOSPITAL SUPERINTENDENT'S REPORT**

The year 1972-73 was a most significant year in the history of the South Carolina State Hospital. On July 21, 1973, the 150th anniversary of the laying of the cornerstone of the Mills Building was observed with appropriate ceremonies. A commemorative plaque was unveiled on the front of this building with Governor John C. West, Lieutenant Governor Earle E. Morris, Jr., and other dignitaries participating. Dr. Perry C. Talkington, president of the American Psychiatric Assoc. was guest speaker at an assembly held in the Chapel of Hope in conjunction with this special event.

While considerable attention was focused on the past history of the hospital during the early part of the fiscal year, hospital staff and personnel were vitally concerned with the pressing and immediate problems of providing improved services for patients. A major concern of the year was preparation for the survey of the Joint Commission on Accreditation of Hospitals which was originally scheduled for the spring of 1973. This was the first survey of the hospital to be held under the new standard developed by the Accreditation Council for Psychiatric Facilities. The new standards presented an entirely different format for the survey process since they were developed specifically for psychiatric facilities. The standards also present a much greater emphasis on the acknowledgement of the dignity and protection of the rights of patients. Patient safety and the environment of the hospital were also accorded a much greater emphasis in the revised standards.

While it was generally known that the standards were being revised, the magnitude of the revisions were not fully understood until the new Accreditation Manual for Psychiatric Facilities was received shortly after the beginning of the fiscal year. A number of the facilities at this hospital do not conform to the new standards. In some instances, the largest buildings on the campus such as Babcock, Parker and North, required extensive modifications and renovations to meet even minimal standards. It would have required a crash program by general contractors to

have accomplished this work in the time available prior to the survey.

In spite of these problems, every effort was made to insure that as much improvement as possible was made prior to the survey. Extensive remodeling of the Parker Annex Building, including new floor, plumbing, lighting, and air conditioning was completed by hospital personnel. As much as possible, privacy for patients was provided in dormitory areas and toilet facilities were provided with partitions. Bright colors were used throughout the building which created a much more pleasant environment for patients.

Blanding Building was also completely remodeled for the children's program. Two additions were made to this building in order to provide classroom facilities. This building had previously been air conditioned. New lighting and major improvements in the number and privacy of toilets were made.

The patient census at the beginning of the year was 2,852. At the close of the year there were 2,596 patients in the hospital. A total of 3,395 patients were admitted during the year, a decrease of 352 from the previous year.

The development of a special unit for children has been a goal of this hospital for several years. During the year, a request was prepared by personnel in the Psychology Service for a Hospital Improvement Grant. Approval was received prior to the close of the year, granting approximately \$100,000 per year for a three year period. These funds will be used primarily for staffing the children's unit. The grant together with state funds which were authorized during the last session of the General Assembly should enable the hospital to develop a small but effective program for children. As previously indicated this program will be located in the Blanding Building.

As we look back in retrospect at the fiscal year, we are reminded that during the early part of 1973, we experienced some of the most severe weather we have had in recent years. During these two periods when snow and ice paralyzed traffic so that employees were unable to travel back and forth to work, it was extremely gratifying to see how many loyal and dedicated employees we have working



at this hospital. Many employees worked for extended periods without relief while others performed tasks they are not normally required to do. All of these exemplary efforts are greatly appreciated and we commend this high quality of service to all employees.

### **VOLUNTEER SERVICES**

Group Volunteers provided and encouraged social and/or recreational activities regularly for the patients. Group Volunteers numbered 3 to 12 per group and served from one to two hours per visit. Eighty-six groups, representing all denominations of area churches, chapters of the Mental Health Association, schools, civic and service clubs, made up the Corps of Group Volunteers. Additionally, Occasional Volunteers served during holidays or for other special occasions during the year. Most of the 60 Individual Volunteers worked with specific patients for varying periods of time including some who had clerical assignments throughout the hospital. One church group initiated the "Adopt-A-Patient" program by which each Volunteer "adopted" a patient and treated that patient as a loved relative by sending cards and/or gifts for special occasions, wrote letters and arranged for passes from hospital when the patient's condition permitted. Material contributions were great throughout the year and the patient's Apparel Shop was stocked completely from contributions. A new Volunteer Services Policies and Procedures Manual was written during the year and manual for Volunteers was updated.

### **DEPARTMENT OF PROFESSIONAL SERVICES**

Professional services activities were considerably enhanced during the year by the employment of several psychiatrists and physicians with excellent training and experience.

### **REMOTIVATION SERVICES**

The continued treatment and/or long-term care wards continue to be known as Remotivation I and II. No new behavior programs were started because of lack of per-

sonnel. However the programs in the Thompson and Talley Buildings and the program on Ward 310, Babcock Building, continued to function satisfactorily. Renovation of Parker Annex was completed and is being used for men able to live in an open ward environment. LaBorde Building was closed and is undergoing renovation. During the past year more interest in and planning towards a change over to the geographical catchment area unit system has been evidenced. The first unit or pilot project which was initiated at Allan Building progressed well even though it is not functioning as a complete unit because of lack of nursing personnel. The second unit consisting of patients from the Charleston Area, is now in the formative period. There was an appreciable decrease in the resident population during the year from 2,198 in July 1972 to 2,019 on June 30, 1973.

### **NURSING SERVICE**

Staffing for the year of 1972-73 was increasingly difficult in the loss of men and in efforts to recruit them. Since all service sections continue to become increasingly program oriented and consideration is geared toward the Unit System of locating geographic catchment areas together, there continues the desire for relatively fixed staffs and increased employees for individual relationships to patients or increased involvement in group activities or programs. The key problem, the absence of the built-in relief factor of a .6 ratio to supply needed coverage remains. South Carolina State Hospital continued affiliation for diploma, associate degree and baccalaureate nursing.

### **SOCIAL WORK SERVICE**

The Admission Exit Social Work Section was reorganized to establish four teams of social workers; each team having assigned a Master's Degree Social Worker. Each Social Work Team, in turn, was then assigned to work with a multi-disciplinary Admissions Team. Several workers have been involved with the Resocialization Program in the Leiber Building and two social workers implemented a similar program for Ward 219 in the Williams



Building. Toward the end of the year five Master's Degree Social Workers were recruited in addition to three stipend recipients. Efforts on Remotivation Service focused on the establishment of Geographical Units. The Aftercare Section was able to establish a firm working relationship with each of the fourteen Community Mental Health Centers and Clinics. During the year the staff spent considerable time in planning and implementing an on-going In-Service Training Program. To help with this effort, a coordinator for In-Service training was employed. This person will also coordinate the student placement program both at the graduate and under-graduate level.

### **PSYCHOLOGY SERVICE**

The Psychology Service placed special emphasis on increasing treatment programs. A federal grant provided for a teacher and materials to conduct a summer day-school program for retarded youths for the summer of 1972. In September of 1972, a grant was obtained to provide salaries for two teachers and full equipment to establish a pre-vocational training program for youths from 14 to 16 years of age. This program has provided valuable and most needed training in practical skills for emotionally and physically handicapped patients. A short-term grant was obtained to provide the salary and materials for a speech therapist to work with 21 youths who have speech handicaps. An HIP grant to establish a unit for emotionally disturbed youths from age 6 to 17 was written and approved. This grant will provide \$100,000 per year for three years. During the year approximately 40 students from the University of South Carolina were supervised in a practicum in behavior modification techniques. Thirty-three students from Midlands Technical Educational Center who are in the Human Service-Mental Health Program were supervised in field placement for a period of ten weeks. A psychology staff member was added to the treatment team of the Spartanburg Unit and has made frequent trips to the Spartanburg Mental Health Clinic. He initiated a pilot Behavior Modification program which will be expanded during the year.

### **CHAPLAINCY SERVICE**

Chaplaincy Service continued to conduct morning worship services at the Chapel of Hope and four chapels inside the buildings of Allan, Saunders, Cooper, and Preston, and sponsored many groups on the hospital campus including four patient groups held each Tuesday and Friday mornings in Kempson Center, groups held at Cooper and Parker Buildings, and a group for patient discussion of alcohol and drug problems. Clinical Pastoral Education programs have continued for ministers and theological students on pastoral care within the context of mental institutions. Four chaplain residents and five summer chaplain trainees participated in CPE during the year.

### **PHARMACY SERVICE**

Prescriptions and requisitions for the 1972-73 fiscal year totaled 196,615. This is an increase of 9,240 over the previous year. Average prescriptions and requisitions per day averaged 759, an increase of 38 per day. Total receipts from After-Care Clinic and Mental Health Centers were \$67,908.62.

### **VOCATIONAL REHABILITATION SERVICE**

During the fiscal year a total of 3,331 patients received Vocational Rehabilitation services of some type. Two-hundred-thirty patients were enrolled in the Homemaking and Consumer Skills class; follow-up visits to patients totaled 513; 159 patients participated in the live-in work-out program; and 35 patients were sponsored by Vocational Rehabilitation in private training programs outside the hospital. Upon release from the hospital, eligible patients residing in Richland and Lexington counties continued to be served by the Rehabilitation Facility Counselor. Those who reside elsewhere in the state were transferred to field counselors serving the home community of the patient. Three-hundred-twenty cases were transferred to the field program counselors.



## ACTIVITY THERAPY SERVICE

One of the most significant accomplishments of the year was a marked increase in the number of patients seen on an individual prescription basis in Bibliotherapy, Music Therapy, Occupational Therapy, and Recreation Therapy from 8.2% in July, 1972 to 15.4% in June 1973. Special events coordinated by Activity Therapy included—the manufacture by patients in Occupational Therapy of plaques commemorating the 150th Anniversary of the hospital and the Department of Mental Health; Hoxie Brothers Circus, which presented two performances in April, 1973; and a Summer Day Camp for Children and Adolescents.

*Library*—For the fifth consecutive year, Horger Library received a federal Book Collection Improvement Grant for \$4,000, allowing the purchase of 698 new books and the assignment of a summer intern in 1972 which was partially federally funded. In cooperation with the Graduate Library School, University of S. C., one graduate student completed a five-week internship in June, 1973.

*Music Therapy*—Patient contacts during the year with Music Therapy totaled 17,273 with activities available including Glee Club, eurythmics classes, record listening, hospital-wide programs, individual lessons, and practice periods.

*Occupational Therapy*—Clinics located in the Benet Building and the Parker Building treated 1886 patients in 25,207 treatment hours. The Parker program, in which patients make articles to be sold, is a pre-vocational token program which is the first phase of an Industrial Therapy program.

*PAC*—The Patients Advisory Council, or patient government, functioned as a part of the Activity Therapy Service. Wards that can support a democratic type experience elect representatives who attend a twice monthly hospital-wide council meeting. In addition to discussing patient concerns and suggestions for hospital improvement, PAC is responsible for the publication of the hospital-patient newspaper "Variety." PAC collected, stored and sold used paper as a

service project. The Club Room and the Dry Cleaning Pick-Up Station were run by patients under the supervision of the PAC Advisor.

*Recreation Therapy*—Ward recreation was conducted by staff on a regularly scheduled basis and included physical and sedentary activity and arts and crafts; an average of 1,568 patients per month were served. Mass entertainment activities increased perceptibly including attendance at Open House, weekly movies, and dances. The softball league consisted of teams from the men's wards; an average of 409 patients per month participated during the year.

*Adult Education*—Adult Education services at Basic and Intermediate levels, formerly coordinated by Remotivation Social Work and Nursing Services, were incorporated into Activity Therapy in August, 1972. Offered also were High School and Post High School enrichment classes, similar to those of the previous year. Teachers were provided by Richland County School District No. 1. Six students successfully passed the High School GED Examination.

## **DEPARTMENT OF ADMINISTRATIVE SERVICES**

Components of the SCSH Department of Administrative Services, have as their primary function the providing of a wide range of services in support of treatment programs. Many activities of this department were concerned with the accreditation survey and making appropriate preparations for it.

Turnover of skilled personnel in several components created difficult situations for supervisory personnel in planning and balancing workloads and delayed some important projects.

## **FIRE AND SAFETY**

Fifteen (15) fires occurred during this fiscal year. Estimated damage of these fires was from \$2.00 to \$1,500.00, with a total damage of \$2,516.03. Seventy-Six (76) new aides attended four classes on Emergency Evacuation.



Fire drills were held on each ward at least three times during the year for a total of 177 drills. All areas were inspected monthly for fire and safety hazards.

Narcotic and barbiturate count was made quarterly with Nursing Supervisors in Admission-Exit Service, Medical-Surgical Service, Remotivation I and Remotivation II Services.

### REGISTRAR DIVISION

During the year, the Registrar Division obtained many goals in upgrading and updating the quality of its services including the following:

*Admissions and Disposition Branch*—New admission documents were introduced and others were revised.

*Communications Branch*—Surveys and studies were conducted in order to assist the changeover from the switchboard system to a centrex system in December, 1973.

*Transcription Branch*—The Transcriptions Branch has the responsibility of transcribing medical reports of physicians and psychiatrists along with the Court Social Workers, Court Psychologists, and Intake Social Workers. A total of 7,916 belts were dictated and 8,053 transcribed during the fiscal year.

*Court Section*—The case of Jackson vs. Indiana caused the work in the Court Section to mushroom. According to the United States Supreme Court decision, it is illegal for state hospitals to continue to hold a psychiatric patient under court charge and necessary action must be taken to change the status of such patients to a civil type commitment. At the beginning the hospital had 164 court cases who were considered resident court cases (patients hospitalized more than 90 days). This number has been drastically reduced and presently there are 124 cases in the hospital who are resident court cases. Judicial hearings were held on various court cases throughout the state and their status was changed to that of a judicial type admission. This will be a continuous procedure in the future. In accordance with South Carolina Code of Laws, 1962, Paragraph 32-973, the Superintendent must inform patients

admitted to state hospitals on emergency or medical certification papers of their right to request a discharge and to assist in the patients' request for discharge. All patients were informed of their right to request a discharge which caused numerous patients to submit requests for discharge, again causing the work in the Court Section to mushroom. A total of 254 patients requested discharge under this procedure.

### **SUPPLY AND SERVICE DIVISION**

Elements of the Supply and Service Division furnished support in varying degrees to other facilities of the Department of Mental Health.

#### *Canteen Branch:*

Total gross sales for the year ending June 30, 1973, were \$308,548.45, an increase of \$11,219.92 over the previous year. This increase in sales was entirely in the store operation, as vending sales in comparison with the previous year were down by \$42.04.

#### *Hospital Supply Branch:*

This activity had an unusually heavy work load due to some personnel shortages and other related handicaps.

#### *Housekeeping Branch:*

A vast improvement has been made on a number of wards with respect to improving sanitation and odor control. Six training programs were given to nursing personnel during the year in the use and effectiveness of the new products now being supplied to these areas.

#### *Linen Control Branch:*

The laundry service provided by the Central Laundry, Department of Corrections, has generally been unsatisfactory throughout the year both as to quantity and quality of work. The inadequacy of the laundry service received from the Central Laundry has persisted for several years.

#### *Food Service Division:*

A total of 4,401,690 meals were prepared by the Food Service Division, during the fiscal year. Of this total,



3,865,029 were prepared for the S. C. State Hospital, 175,941 for the John M. Fewell Pavilion, 175,830 for the E. Roy Stone Jr., War Veterans Pavilion, 170,043 for the William S. Hall Psychiatric Institute and 14,847 for the Columbia Area Mental Health Center.

### ENGINEERING DIVISION

The Engineering Division is comprised of four branches which perform a wide range of functions.

*Utilities and Equipment*—This branch performed the following services: installed new plumbing, heating, air-conditioning and sprinkler system in the Parker Annex Building; renovated and enlarged the plumbing system in the Blanding Building; revised these two buildings and installed covered walkways.

*Building Maintenance Branch*—Services of the Building Maintenance Branch included: renovation of Parker Annex throughout; remodeling of Blanding Building; construction of covered walkways; repairs and painting on Babcock, Parker, William, Blanding and Allan Buildings.

*Motor Transportation Branch*—Out-of-town trips (statewide) and out-of-state trips for patients totaled 26,501 miles and a total of 329,548 miles was driven during the year by all vehicles of the South Carolina State Hospital.

*Grounds Maintenance Branch*—Approximately 280 acres of ground were maintained including planting of rye grass, 40 oak trees and 250 azaleas were planted and 60 camellias were transplanted. The greenhouse produced a variety of flowers for the department facilities.

### SECURITY DIVISION

The work load of the Security Division has continued to increase during the fiscal year. There were 1,102 Warnings and 89 Summons issued for Parking Violations. Also 280 Warnings and 124 Summons issued for Moving Traffic Violations.

There were a total of 42 Accidents investigated. Thirty-six of these happened on the grounds and six off the grounds. There were 15 Department of Mental Health vehicles involved in these.

A total of 4,903 calls were answered transferring patients, handling drunks and LWP patients, drunk visitors, traffic problems, prowler calls and bank deposits. There was a total of 647 cases investigated by the Security Division.

A number of items were recovered including \$822.86 cash and \$263.94 in checks. Also, a number of bottles and cans of alcoholic beverages were confiscated as well as small amounts of heroin and approximately four ounces of marihuana.

Security officers received training and educational booklets from ETV Police Training Classes as well as two new officers received on-the-job-training and are presently awaiting acceptance into the Recruit Training School at the J. P. Strom Police Academy.

### **ARCHIVES AND HISTORY DEPARTMENT**

The Department of Archives and History of the S. C. Department of Mental Health continued to attract many visitors, local, statewide, national and international, and hundreds of statewide high school and college students. More than 1,100 visitors have been registered.

The majority were interested in the display of historical artifacts, portraits, photographs, original records, authentic antique furnishings, etc., pertaining to the early State care of the mentally ill; others were primarily interested in the history of South Carolina mental health facilities; in research referable to special therapies, diagnoses, genealogy, etc.

The Department of Archives and History was authorized by the S. C. Mental Health Commission on July 1, 1967.

Mrs. Inez N. Fripp, Director of the Archives and History Department, maintains and continues to develop this historical department located on the ground floor, 1848 East wing of the 1822 Mills Building.

Open House was on May 7, May 14 and July 21, 1972 when the 150th Anniversary Commemorative Plaque was unveiled at the entrance to the Mills Building.



## **CRAFTS-FARROW STATE HOSPITAL SUPERINTENDENT'S REPORT**

During the year our planned improvement in treatment methods was enhanced by the establishment of a special project in the admissions section which intensified treatment of the newly admitted patient (HIP II) and by a reorganization of the hospital services to better meet treatment planning. The acute and continued overcrowding of hospital wards is a major problem which hampers treatment programs. The recent changes in accreditation standards emphasize patient environment and treatment methods. The large 50-60 bed ward buildings presently available are not suitable to meet these requirements.

Continued emphasis has been put on placing patients in nursing homes or other alternate care facilities; however, due to financial problems this continues to be a disappointing method of reducing overcrowding.

Admission of a large percentage of patients who are physically ill continues to place a burden on the present inadequate facilities and nursing staff.

In order to meet Medicaid and Accreditation standards a major renovation of present buildings and construction of new facilities will be necessary. Also, to meet these standards an individual treatment plan for each patient is required and this was started in a few selected areas during the year. However, to accomplish this for each patient would require a considerable increase in personnel in all services.

Major efforts have been continued in employee relations and development. A training course for supervisors was started and has been a major contribution. The position of a Personnel Representative on campus has continued to assist in better employee relations.

The number of volunteers continues to increase somewhat but there is a great need of volunteers in all fields who will assist in patient treatment and management.

Emphasis was placed during the year on evaluation of treatment methods and on group, peer evaluations.

Overcrowding, lack of adequate proper environment in the present buildings, and shortage of personnel in all areas continues to be a major problem.

### **DIVISION OF ADMINISTRATIVE SERVICES**

The primary goal of all divisions of the Department of Administrative Services was to prepare administrative areas and assist in preparation of other areas for resurvey by the Joint Commission on Accreditation of Hospitals scheduled to be held in the spring of 1973. Many of the projects undertaken were geared around the new psychiatric standards of the Joint Commission which are far more stringent than in past years and particularly so in the area of patient environment and staffing. In an attempt to comply as closely as possible with these standards, installation of toilet partitions, shower stalls, etc. to provide privacy was completed in many of the buildings. Several new nursing stations were added as well as partitioning of dayrooms for privacy of visiting areas in buildings that previously had no adequate visiting space. Handrails were installed in many of the stairwells and bath areas. Each project undertaken was geared toward making the physical plant more nearly meet the standards required by the Joint Commission on Accreditation of Hospitals.

Inadequate amounts of clean linen continue to pose a tremendous problem for the institution in spite of an increase in inventory. Plans are currently underway to possibly install several commercial type washers and dryers for emergency use, particularly on weekends and holidays.

The Department of Administrative Services continues to work very closely with the Department of Professional Services to provide the best supportive care possible for the welfare and comfort of all the patients.

### **REGISTRAR DIVISION**

#### *Admission and Disposition Office*

The Admission and Disposition Office processed a total of 2922 patients during the fiscal year. The admissions and dispositions almost balanced themselves out except for a slight decrease in total census. The Office was open from



8:30 a.m. to 7:00 p.m. Admissions after 7:00 p.m. were handled through Nursing Service; however, during this coming year 24-hour coverage is expected.

*Medical Records:*

Government regulations require more documentation of what is being done; therefore, there has been a marked increase in dictation both medical and Social Service.

*Medicare*

This office processed all Medicare patients both psychiatric and medical. They kept timely records on certifications and recertifications and were audited quarterly by Blue Cross and Blue Shield. This work is very important in that certifications of Utilization Review would result in denying the claims and loss of money to the Department. An increase in Medicare patients is expected due to the new law that went into effect on July 1, 1973, which states that any person regardless of age drawing Social Security benefits is entitled to Medicare hospitalization.

*Post Office and Patients' Personal Fund*

This office was manned by two employees and the part time service of one patient. The mail volume was large for both hospital and patients; also the office is a Government Sub-Post Office and does a tremendous business in money orders and stamps mostly for employees. This office also receives money for patients' personal use and for care and maintenance. The majority of patients draw Social Security, Veteran's and Medicaid benefits; therefore, the usual disbursements each week to patients were approximately \$2500.

## **SUPPLY AND SERVICE DIVISION**

Supply and Service Division requisitioned and issued supplies and equipment to all areas of the hospital and also provided supportive services to the Alcohol and Drug Addiction Center. Records were kept on all expendable and non-expendable items, and inventories were held periodically.

Securing and providing clean linen to the institution was a prime function of the Supply and Service Division. Considerable difficulty maintaining adequate amounts of clean linen was experienced even though items put into circulation have been increased.

The Canteen is also under the supervision of the Supply and Service Division. Two new Canteen Operator positions were created and filled during the year in order to expand the Canteen services. In the near future, plans are to make this a seven-day a week operation. Additional vending machines were installed in some buildings where patients are unable to visit the Canteen area.

### **ENGINEERING DIVISION**

Engineering Division at Crafts-Farrow has concentrated its total efforts during the year in upgrading the physical plant to more nearly meet Joint Commission on Accreditation of Hospital standards. This has been accomplished to a large degree by building visiting areas in buildings where none were previously available, construction of additional nursing stations, beauty and barber shops, etc. At the same time the appearance of the buildings were improved by repainting ward areas, dining rooms, beds, etc.

While these projects were ongoing, routine and preventive maintenance on all the equipment was maintained.

Pouring of concrete sidewalks and driveways in various locations improved the appearance as well as the usefulness of several areas.

### **SECURITY DIVISION**

During the year, officers of the Security Division attended ETV classes as well as courses offered by the Columbia Police Department in order to improve all phases of their operation.

More emphasis is being placed on campus security. Security officers traveled approximately 38,000 miles patrolling the campus and in other security related matters.



Security Division assisted Nursing Service in the return of 173 lost patients or patients who had left the hospital without permission.

Supportive security services were also provided the Alcohol and Drug Addiction Center.

### **FOOD SERVICE**

The Food Service Division served nutritional meals, regular or special diet as ordered by the ward physician, for the patients of CFSH. All menus were coordinated with those of SCSH.

A great achievement of this past year was the extension of feeding hours and shortening of the length of time between the supper and breakfast hours.

Number of meals prepared during the fiscal year are as follows:

Meals prepared and served at CFSH:

Special diets and ground food prepared and served .....	1,233,643
Regular food prepared and served .....	2,108,851

Meals prepared and delivered to Midlands Center:

Special diets and ground food prepared and delivered .....	227,062
Regular food prepared and delivered .....	233,208

Total meals prepared .....	3,802,764
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### **FARM DIVISION AND GROUNDS MAINTENANCE BRANCH**

The General Farm Operation and Poultry Operation provided the following products for the SCDMH: bell pepper, cantaloupe, squash, tomatoes, grapes, sweetpotatoes, watermelons, turnip greens, cucumbers and eggs.

The Grounds Maintenance Branch maintained the beautification of the grounds by adding shrubbery, and flower beds to the Hospital campus, and grew cut flowers for the Chapel and Hospital Wards.

Moore's Pond, in addition to Killian Lake, was opened to all patients and employees of the SCDMH for fishing.

### **ADMISSION—EXIT SERVICE**

On May 1, 1973, the Department of Professional Services was re-organized deleting the Geriatric and Remotivation Service and forming the Admission-Exit Service and Resident Care Service. The function of the Admission-Exit Service under the new organization was to provide a more intensive therapy program and to prepare patients for leaving the hospital. The Admission-Exit Service consists of 3 physicians working full time on Admission Exit and 8 physicians working part time on Admission Exit and part time on Resident Care Service. This service provides the diagnostic and intensive treatment section for patients age 55 and over admitted with psychiatric disorders of an emergency or non-emergency nature. It also develops a program for continuum of care, if necessary, following hospitalization.

### **RESIDENT CARE SERVICE**

The Resident Care Service was created as a result of the Reorganization of the Department of Professional Services. The purpose of this reorganization was to allow a more effective assignment of patients to buildings and treatment programs in keeping with their physical and mental conditions rather than according to age as the sole criteria of their building and ward environment.

The primary function of this Service is to provide a broad range of active treatment programs for the rehabilitation of all resident patients who were formerly classified as long-term, chronic mentally ill, geriatric and mentally retarded individuals most of whom had been hospitalized over a long period of time. The Resident Care Service will be subdivided into Geriatric, Mental Retardation and Intermediate Care Sections. These will function as such as rapidly as possible when additional personnel are available to adequately fulfill the required standards of these new programs. Active programs directed toward patient rehabilitation including grooming, social interaction, activity therapy, group therapy, vocational rehabilitation, etc. were in operation towards the end of the fiscal year. Patients were transferred from one service to another as



their condition improved or worsened. Patients in the Resident Care Services are being discharged or conditionally discharged to home, nursing homes, boarding houses, etc. when their mental and physical status permits.

### **MEDICAL SURGICAL SERVICE**

One result of the re-organization of the Clinical Services at CFSH was the transfer of two Geriatric wards (130 and 131) to the Medical-Surgical Service, which increased the bed count of the Medical-Surgical area by 142, for a total of 382 beds. A noticeable change in the type of patient received by the Medical-Surgical Service was noted in that a greater number of chronically, gravely, or even terminally ill patients were being admitted into the Hospital and shortly thereafter were transferred into the Medical-Surgical area. All indications portend that this trend will continue unless the admission policy is modified.

### **HOSPITAL IMPROVEMENT PROGRAM I**

The primary aim of the program remains the same—remotivation, resocialization, and return to the community the chronic mental patient—focusing basically on exit type activities. In addition to exposing the patients to family members, the program also exposes patients to various systems in the community, such as the use and handling of money through shopping tours and developing bank accounts. A new timing system is also being introduced into the program by which certain concrete projects are assigned to be completed in a given period of time through a step-tual process, so patients will develop a feeling of doing something in a given time span.

The program was able to involve more patients through a screening process from 1971 as compared to 1972-73. Forty-seven patients were admitted and 72 patients were discharged. A "hard-core" live-in/work-out group of patients were placed in boarding homes in the community. Out of the original ten in this group seven were placed outside and from this two returned.

A number of patients evaluated in the program had to be sent to other areas of the hospital, who are able to function

better by demonstrating the ability to take care of their self-care activities participating satisfactorily at a higher level of functioning in a lower level type activity area. It is believed, however, that there is a need to intensify the staff patterns in this level in order to reach some of the patients who need even more individual attention which cannot be provided by the present number of staff personnel.

## **HOSPITAL IMPROVEMENT PROGRAM II**

This program was established under a special grant on a trial basis in July of 1972, with the primary goal to develop the patients' feelings of self-worth and improvement of their self-concept. The program is designed to meet the individual needs of the newly admitted 55-64 year old patient and return him to the community within 30 to 90 days.

## **ACTIVITY THERAPIES SERVICE**

A wide variety of therapeutic activities was programmed during this year in the Activity Therapies' goal of providing every patient at CFSH capable of mentally and physically participating in such opportunities an easily accessible and readily available schedule of doing so. Programs of recreation, music, occupational therapy and literary pursuits were designed not so much for their pure entertainment value but rather as an impetus for stimulating the subjective desires and needs of each patient to become involved in activities which were enjoyable and profitable to him.

Three hundred hours weekly of therapeutic activities were scheduled with good response from the patients. In addition, 125 farm plots were allocated to the patients for produce raising and other types of gardening.

Recreation Therapy concentrated on encouraging the closed ward patients to attend daily sessions of calisthenics, sports, and other forms of healthful physical activities. For the hospital working patients a whole series of recreational activities—movies, dances, bingo games, etc.—were scheduled at times convenient to and appropriate for their special needs.



Story hours, music appreciation, films, and programs for the blind and deaf patients were made available by the Library Therapy personnel. In addition, the central library offered books, newspapers, and magazines to employees and patients. Library personnel also maintained a technical medical library in the McLendon Clinical Center and in the Nursing Education area.

The five shops of the Occupational Therapy Services not only provided the patients an enduring and worthwhile manual and mental outlet, but resulted in a good supply of the sewing art—pillows, cushions, clothing, toy animals, quilts, embroidery items, etc.—which offered a ready sale potential.

### **CHAPLAINCY**

Pastoral services were provided by two full-time chaplains and a chaplain working half-time.

All newly admitted patients to the hospital were seen initially by a chaplain to acquaint them with the pastoral services available. Regular Wednesday and Sunday programs were held in the Chapel and worship services were provided on the wards for patients not able to attend chapel.

The Annual Youth Encounter Week of the United Methodist Church, jointly with the chaplaincy staff, sponsored a picnic for patients involved in religious activities at Killian Lake in July. A Nativity Pageant was presented in Faith Chapel under the direction of the chaplains with full patient participation.

### **NURSING SERVICE**

One hundred ten new Nursing Assistant positions were opened and filled. Nursing Service was reorganized into Admission-Exit, Resident Care and Medical-Surgical Services. It is hoped that with additional professional staff the Resident Care Service, which includes approximately 1,800 patients, will be divided into smaller sections.

All nursing personnel were greatly involved in upgrading the quality of care given to patients. Many staff members

from various levels attended workshops and seminars. A refresher course for long-time employees was initiated to update their knowledge and skills.

### **PERSONNEL SERVICES AND EMPLOYEE RELATIONS**

An on-campus personnel office was established to provide informational services and guidance for employees on all levels in regard to employment-related problems. An employee newsletter was published monthly by the Personnel Representative. Fund drives, orientation of new employees, education of Supervisors toward adherence to personnel regulations and policies, aid in promotion procedures, and coordination of adult education for employees were also a function of this office.

### **PHARMACY SERVICE**

The total number of prescriptions filled at CFSH during the year was 64,605, with a daily average of 245 prescriptions filled.

With more patients going on conditional discharge and leaving on temporary passes, prescriptions for patients leaving the grounds increased by 100% —a total of 391 conditional discharge prescriptions were filled with cash receipts amounting to \$1,139.99. The Alcohol and Drug Addiction Center was issued 1,127 prescriptions and the Midland Retardation Center continued to obtain drugs from CFSH Pharmacy.

### **PSYCHOLOGY**

The Psychology Service was reorganized in mid-August of 1972. Traditional activities such as testing, individual and group therapy, research, and consultation were supplemented with other assignments. A number of geriatric patients were viewed as "pseudo seniles" who suffer from some form of social ostracism. Whenever possible, staff members pursued one-to-one relationships to stimulate ambulation and communication.

The department served as a consultative and teaching arm of the hospital. Involvement included a joint venture



with Vocational Rehabilitation in behavior modification, a psychologically oriented training plant for nursing students, individual counseling for hospital personnel, and supervision of college student volunteers from U. S. C. and Midlands Tech.

### **SOCIAL SERVICE DEPARTMENT**

During the year there was a change in the organizational structure of the Social Service Department, in keeping with the re-organization of the hospital. The department now operates as two units: Admission-Exit and Resident Care. Each unit is supervised by a Clinical Social Worker with social workers assigned to a unit and supervised by the Supervisor of that unit. Social Service Staff attempted a more active role with Mental Health Centers and Aftercare Centers, nursing and boarding homes as greater emphasis was placed on discharge planning.

Sources of contact totalled 23,957, which showed an increase of 2,646 over the previous year. Referrals to community agencies increased by 412, for a total of 1,935 for the year.

### **VOCATIONAL REHABILITATION DEPARTMENT**

The Vocational Rehabilitation continued its efforts in the field of placing patients in employment in the local community. Patients were placed on 65 jobs outside the hospital. These patients, working outside the hospital had a net income of \$57,637.62 and paid the hospital \$15,000.52 for care and maintenance, deposited \$24,904.01 in their personal account and retained \$17,733.09 for their personal use. A total of 1,313 patients were involved in various work therapy and personal and social adjustment training areas during the fiscal year.

A total of 27 patients participated in evaluation and training programs at the Rehabilitation Workshop Facility on Green Street. Four patients were in a training program of pest control at SCSH under the supervision of the Vocational Rehabilitation Department. Thirteen patients were involved in an extensive training program in the Food Service Division of the hospital.

Forty patients were involved in the Adult Education Class held through the cooperation of Richland County School District No. 1.

A total of 1,065 patients were placed on work assignments within the hospital by the Rehabilitation Assistants. A total of 129 patients participated in the Home Economics program and many additional patient groups visited the department for personal adjustment group activities. The emphasis was on evaluation, training, and renewal of previous vocational skills in homemaking, as well as in training for jobs such as domestic work. Courses were given in nutrition, marketing, personal grooming, hygiene, sewing and general home-related areas. The Home Economics Department also prepared refreshments for a number of patient activities throughout the year, and made curtains and drapes when needed by other areas.

### **VOLUNTEER SERVICES**

An increasing number of individual volunteers provided more direct service for patients during the year. One volunteer, serving two days a week, reorganized and operated the "Clothing Shop". USC and Midland Tech. students worked individually with selected patients in Hospital Improvement Projects I and II. Two volunteers, a music teacher and a vocalist, organized a patients' music club, meeting with the group one morning a week. Continuation of the Volunteer Senior Citizen Project enabled hundreds of patients to leave the hospital grounds for shopping trips, sightseeing, social activities, and to participate regularly at Friendship Center.

Plans for the coming year include more involvement with RSVP programs, and with the newly-organized "Central S. C. Coordinators of Volunteers."



## **WILLIAM S. HALL PSYCHIATRIC INSTITUTE DIRECTOR'S REPORT**

Fiscal year 1972-73, the Institute's eighth year of operation as the education and research arm of the SCDMH, was one of continuing progress toward our goal of providing the mental health professionals required to staff the programs of the SCDMH and significant research in the field of mental health. All training programs continued to grow in both the number of students and the quality of training, while significant expansion and improvement was being made in our research efforts. It is noteworthy that practically all of those finishing our programs, even though prior training was elsewhere, are staying in South Carolina—mostly with the Department of Mental Health. Five physicians completed their training during 1972-73 and all five remained in South Carolina with the Department of Mental Health. Of the four clinical psychologists completing their training during the year, three are joining the staff of the South Carolina State Hospital and the fourth accepted employment with the University of South Carolina.

The decision of the SCDMH that future construction and inpatient care would be based on the Village System concept offered a unique training opportunity to the Institute. With the first Village scheduled for completion in early 1975, the Institute established a Pilot Project based on the Village concept. Renovation of one of the Institute's cottages to provide a 24-bed inpatient unit simulating a village lodge was completed in September. A project staff was assembled in August and underwent six weeks of intensive training focused on the Village Project on September 20, 1972. The Pilot Project provides the opportunity for significant accomplishments in two major areas. It will provide a trained skeleton staff prepared to receive patients immediately following completion of the first Village without going through the costly and time consuming period required to recruit and train the staff of a new mental health facility. Secondly, it provides a setting for the testing of architectural concepts, treatment programs, staffing patterns, and support procedures envisioned in the

Village concept. By year's end, the usefulness of the Pilot Project was most evident. Changes from the original concepts have been indicated and experimentation continues which should result in refinement of the Village concept and substantial savings in the implementation of the Village System.

The Institute established a new training program in October 1972 called New Mental Health Careers Program. The major objective of this program was to employ and train disadvantaged persons for jobs in public service. Federal funds were secured to pay the total cost of training thirty disadvantaged individuals. These individuals underwent nine weeks of training which prepared them for jobs in the inpatient treatment programs and upon completion of training all were employed by the three hospitals of SCDMH.

Firm in the belief that the ultimate answer to our mental health problems will come through research, emphasis on research has accelerated during the year resulting in an increasing number of professional research papers and laboratory experiments. Several staff members were invited to present research papers to professional meetings at the national level and 18 papers by members of the Institute faculty were accepted for publication by various professional journals.

A genetics laboratory was established during the year with the dual function of developing a research program in genetic factors of mental illness and teaching genetic principles to Institute students.

Despite the cutback in federal funds during the year, the Institute received training grants from the National Institute of Mental Health totaling \$103,000. A grant in excess of \$10,000 was also received from the Ensor Research Foundation for the construction of an animal house for research animals.

February 1973 was designated "Courtesy Month" to promote courtesy in staff, patient, and public relationships. The slogan "Courtesy is Therapy, Use It Daily" earned its author, Mr. Walter Norman of the Housekeeping Branch, a \$25.00 United States Savings Bond.



Mr. Eddie Joyner of the Housekeeping Branch was named the year's Outstanding Employee of the SCDMH.

### **DEPARTMENT OF RESEARCH AND TRAINING PSYCHIATRIC RESIDENCY TRAINING PROGRAM**

The highlight of the general psychiatry residency training program during 1972-73 was the accreditation survey by the Council of Medical Education of the American Medical Association on August 10, 1972. Notification was received in December of 1972 that this program was fully approved for three years of training.

Four first-year residents began their training on July 1, 1972, making a total of fourteen physicians in this program. Three physicians completed their training during the year and all three remained with the South Carolina Department of Mental Health.

Nine medical students participated in the medical externship program. Two students from the Medical University of South Carolina took psychiatric electives and seven medical students from other schools took the medical externship training during the summer months. Students of the medical University of South Carolina assigned to the psychiatric core curriculum made a one day visit to the Institute during the year. These students were given an overview of the services and facilities of the SCDMH and information regarding the legal aspects of admission. A two-day program was provided for the first-year residents in family practice from the Medical University of South Carolina. This program was repeated later in the year for Medex trainees from the Department of Family Practice, Medical University of South Carolina.

A federal grant in the amount of \$37,221 was awarded to the Institute for the general psychiatry residency program during the year.

### **CHILD PSYCHIATRY FELLOWSHIP PROGRAM**

The child psychiatry fellowship program began its fourth year on July 1, 1972, with three fellows in their first year of training, and three fellows in their second year of training.

Three physicians completed their two years of training in this program during the year and all three remained in South Carolina.

One of the state's most critical manpower shortages in the mental health field is in the area of adolescent psychiatry. There is no existing program in South Carolina to train adolescent psychiatrists. Looking to the future, plans call for the establishment of such a program at the earliest feasible time.

The child psychiatry fellowship training program was funded by the National Institute of Mental Health for \$53,235 for the fiscal year.

### **CLINICAL PSYCHOLOGY INTERNSHIP PROGRAM**

The major event of the year for the clinical psychology internship training program was the accreditation survey by the Education and Training Board of the American Psychological Association. The program received full approval, the only approved training program of its kind in the state. Four interns were in training during the year rotating through the inpatient unit, the outpatient unit, child psychiatry, and Community Mental Health. Five interns were accepted to start their training in September, 1973. A federal grant in the amount of \$13,019 was received during the fiscal year in support of this internship program.

### **NURSING EDUCATION PROGRAM**

The Institute's nursing education program continued to provide the training for nursing students from the two remaining diploma schools of nursing—Greenville General Hospital and Orangeburg Regional Hospital. During the year, 96 student nurses received their three-months psychiatric clinical experience which is required for licensure in South Carolina.

Although the Greenville General Hospital will phase out its nursing education program in 1974, it is anticipated that the psychiatric affiliation offered by the Institute's nursing education program will be utilized by associate degree nursing programs in the state. The Institute also provides the clinical setting for the psychiatric portion of the



master's, bachelor's, and associate degree nursing students from the University of South Carolina College of Nursing and its Coastal Carolina Regional Campus.

### **PASTORAL EDUCATION PROGRAM**

The clinical pastoral residency program began on September 18, 1972, with four chaplain residents enrolled, and the Institute's first pastoral fellow began his year of pastoral specialty training on October 20, 1972.

The pastoral education service also conducted a diversified continuing education program for community clergy during the year. Numerous lectures and seminars were provided to the various community agencies, or groups, with 310 community clergy, undergraduate students, and seminary students participating in a full-time, part-time, or continuing education basis.

### **SOCIAL WORK PLACEMENT PROGRAM**

During 1972-73 there were four first-year graduate students from the School of Social Work, University of South Carolina, and one undergraduate student from Columbia College. The chief of social work placement has contacted other schools of social work in order to explore the possibility of their placing students at the Institute.

### **RECREATIONAL THERAPY TRAINING PROGRAM**

Three graduate students and seven undergraduate students completed their internship in recreational therapy during the year. The recreational therapy training program developed new affiliations with the University of Iowa, Kent State University, the University of Illinois and the University of Connecticut in addition to existing affiliations with Clemson University, Florida State University and the University of North Carolina. The recreational therapy training program was approved by the National Recreation and Parks Association during the year as an intern agency for nationally chosen interns.

### **OCCUPATIONAL THERAPY TRAINING PROGRAM**

The Occupational Therapy Training Program began its second occupational therapy assistant course in March, 1973. This training program is 10 months in length and has 9 students. The major purpose of this program is to alleviate the vast shortage of trained occupational therapists in the state of South Carolina. Other students in training during the year included 3 occupational therapy interns for the three-months psychiatric affiliation required for the bachelor's degree in occupational therapy, and 2 students from Midlands Technical Education Center for 10 weeks of field placement in occupational therapy.

### **CONTINUING EDUCATION PROGRAM**

The Institute was notified in September of 1972 by the Department of Continuing Medical Education of the American Medical Association that its continuing education program had been given provisional accreditation with the recommendation that a survey again be scheduled in the spring of 1974.

Emphasis during the year was placed on two special projects in different areas of the state aimed at providing a consultation teaching-type service where the physicians were located. One program was with the residents in family practice at Greenville and Spartanburg Hospitals and the other program was with seven general practitioners in the Allendale, Barnwell, and Williston areas. Evaluation of these programs had not been completed at year's end. An excellent symposium entitled "Life Crises in the Physician's Practice" was presented on March 1-3, 1973. Four nationally recognized guest lecturers presented papers at this symposium which was taped by South Carolina Educational Television for showing on an open network throughout the state at a later date. The continuing education program co-sponsored a workshop on November 15-16, 1972 with the South Carolina School for the Deaf and the Blind entitled "Introduction to Mental Health for the Deaf."



## **DEPARTMENT OF CLINICAL SERVICES— GENERAL PSYCHIATRY SERVICES**

The loss of four general psychiatrists at the close of the past year presented a problem of major proportion at the beginning of this year. With an upward adjustment of salary at the beginning of the year, three replacements were secured by the end of the year. Although it was a most difficult year because of the shortage of professional staff, the general psychiatry service was able to carry out its primary function of providing the clinical treatment program in support of the Institute's training programs.

Dr. Ilhan M. Ermutlu was appointed chief of the outpatient section with the job of expanding the outpatient program to provide the clinical setting required for the increasing number of trainees.

## **CHILD AND ADOLESCENT PSYCHIATRY SERVICE**

The Day Treatment Center for emotionally disturbed children continued to function well with an enrollment of 12 children. "H. E. L. P." (Hall Emotional-Learning Profile), a new system developed by the child and adolescent staff for assessing the children's strengths and weaknesses, was used extensively during the year. The Adolescent Inpatient Section continued to function well, key positions remained stable, providing an excellent training situation for the child and adolescent trainees.

The Chief, Child and Adolescent Psychiatry has been active as consultant to the Columbia Drug Abuse Education Program. In collaboration with Dr. Murray Vincent and Mr. John Lindler, a program has been conceptualized where 12th-grade high school students are trained in a values clarification process. These students then conduct programs during school hours with 6th-grade students from feeder schools.

Future plans include the addition of a pre-school classroom in the Day Treatment Center and day-and-night hospital programs associated with the Adolescent Inpatient Unit.

## NEUROLOGY SERVICE

In recognition of the 150th Anniversary of the South Carolina State Hospital, the Chief of Neurology Service organized "The Sesquicentennial Conference on Inherited Mental and Motor Disorders" on November 10, 1972, supported by the National Foundation-March of Dimes and the Committee to Combat Huntington's Disease (CCHD). Among the invited speakers were Drs. Andrew Barbeau, Arthur Falek, Joseph Green, Harold Klawans, George Paulson, John Pearson, and Isabel Tellez-Nagel. Mrs. Marjorie Guthrie, Executive Secretary, CCHD, has undertaken the international distribution of the conference proceedings, which are to be published in a special issue of *The Psychiatric Forum*.

Plans were completed for an elective in clinical neurology offered to junior and senior students of the Medical University of South Carolina. A neuropsychiatry fellowship program is being planned and initially will be offered on an elective basis to physicians training in the general psychiatric residency program after July 1, 1973.

Recognizing the importance of clinical research, the staff of the neurology service submitted eight scientific papers for publication during the year.

## PSYCHOLOGY SERVICE

Psychology expanded its services in many areas while maintaining the same number of staff. The Chief, Psychology Section, provided psychological services for the Village Pilot Program as well as participation in the planning activities of the program. Expansion was also evident in the Child and Adolescent Service where psychologists played a key role in the development and refinement of the profiles used in the Day Treatment Center, the development of a new mode of predicting psychopathology in infants, and a comparison of key processes in the Adolescent Inpatient Unit.

## SOCIAL WORK SERVICE

Inservice training was conducted in the area of General Systems Theory and Family Therapy and several represen-



tatives from various agencies spoke to the staff on their programs.

The staff provided formal scheduled instruction for the Child Fellowship Curriculum, the General Psychiatry Residency Program, and the Summer Student Curriculum Series. In addition, formal instruction was provided in several of the inservice training programs for other disciplines.

The Chief, Social Work Service, provided a series of lectures for the inservice training program of the social work staff at the South Carolina State Hospital and has been approached by the South Carolina Department of Youth Services with a request to provide inservice training for their social work staff. It is anticipated that this inservice training will be inaugurated in the coming year.

A consultation program has been developed with the Lexington County Family Court and will probably be integrated into the student placement program.

### **VOCATIONAL REHABILITATION**

The vocational rehabilitation service underwent multiple shifts in personnel during the year which temporarily reduced its overall effectiveness and resulted in the failure to continue the rehabilitation internship program. Rehabilitation services were provided to both inpatients and outpatients and included personal adjustment training, therapeutic work assignments within the hospital, placement in training facilities outside the department, and placement in remunerative employment throughout the state.

### **NURSING SERVICE**

Nursing service continued to give quality patient care and at the same time increased its activities in other areas. Nursing personnel were selected for the Village Pilot project and a six-week training program initiated focused primarily on the Village System concept. Inservice and continuing education programs were developed for each classification of nursing service. Major focus continues to be the best patient care that can be given and educational processes to support it.

### **ADJUNCTIVE THERAPY SERVICE— RECREATIONAL THERAPY**

Recreational facilities at the Institute were expanded through the renovation of the social room allowing several different activities to be carried on simultaneously and new equipment was purchased.

Several new programs were added to regularly scheduled activities. A "Cultural Awareness" group was started which is centered around educating patients to locating leisure possibilities in the community. Leisure counseling with patients who are relocating in Columbia was begun. These patients were taken on a tour of the recreational resources which Columbia offers.

The South Carolina Arts Commission awarded a \$450 grant which is to be used for an adolescent drama program and a folk music program. A member of the recreational therapy staff presented a program on recreational therapy at the Southeastern Regional Conference of the National Recreation and Parks Association in Memphis, Tennessee.

### **ADJUNCTIVE THERAPY SERVICE— OCCUPATIONAL THERAPY**

The occupational therapy section continued to provide therapeutic services to all elements of the Institute. In addition to providing clinical service, this section provided a setting for the occupational therapy internship program and the occupational therapy assistant program. The occupational therapy assistant program is considered extremely important since its graduates will be most helpful in meeting the occupational therapy needs in this state due to the lack of the university level occupational therapy program.

### **PROFESSIONAL LIBRARY**

During the year, the library served as the reference and resource center for the professional staff of all the facilities of the Department of Mental Health and Community Mental Health Centers. The reading room and reference services are also open to local physicians, professors, nursing



students, and college and graduate students from nearby schools. A new program was initiated during the year which provides a placement for graduate students in library science at the University of S. C.

At present the library is equipped with 7000 medical and biomedical books, 2800 bound medical journals, and 175 medical journals received by subscription and regular gift. Recent emphasis has been placed on increasing the library's tape and cassette collection. Physical facilities of the stack room were expanded during the year as twelve sections of metal book shelving were added to accommodate the increase in the book and journal collections.

### **DEPARTMENT OF ADMINISTRATIVE SERVICES**

The administrative service experienced very little change during the year. The Institute assumed responsibility for its own Fire and Safety Program as well as several personnel functions that were transferred from the departmental level to the Institute. Activation of the Village Pilot Project in September of 1972 required minor additions to the staff in housekeeping and in the food service area. In January of 1973 the separate photography, television, and graphic arts branches were combined to form the medical illustration division in order to provide more effective audio visual support for the training and research programs.

### **THE PSYCHIATRIC FORUM**

The Institute continued the twice yearly publication of The Psychiatric Forum, a professional journal presenting the thoughts and studies of experts in the field of mental health. In addition to the general distribution within the mental health field, it is distributed to medical librarians across the nation and indexed in the better national and international resources for scientific information.

### **RESEARCH SERVICES**

Emphasis on research was accelerated during the year thus promoting an increased number of laboratory experiments and research papers. Research projects conducted in the Ensor Research Laboratory during the year resulted in ten papers being published or in press.

A Genetics Research Laboratory was established in late 1972 with the dual function of developing a research program in genetic factors of mental illness and of teaching genetic principles to Institute trainees. At year's end, genetic research was in progress, a short course in human genetics had been initiated, and genetic consultation in cytogenetic evaluation services were available to the clinical services of the Institute.

### VILLAGE PILOT PROJECT

In September, 1972, the first patient was admitted to the Village System Pilot Project in Cottage D at WSHPI. Prior to this, the treatment team underwent 6-weeks of intensive training focused mainly on developing the role of a group leader.

The Pilot Project has been given the mission of (1) simulating the lodge in the Village A, (2) developing the unit (catchment area) system, and (3) recruiting and training a core of professionals who by their experience in the Pilot Project will be able to move into Village A later with minimum loss of time. As of June 30, 1973, 128 patients had been admitted to the Pilot Project from Sumter County, the catchment area. This has provided the staff an opportunity to develop the lodge concept in Cottage D successfully.

The unit system (catchment area) has been developed with the Sumter Mental Health Center and the Pilot Project working together to screen patients prior to admission and coordinate discharge plans when the patient left the Pilot Project.

On March 12, 1973, the Sumter Mental Health Center opened an inpatient facility in Tuomey Hospital and admitted 60 patients. This resulted in a decrease of admissions to the Pilot Project. If this trend continues, the catchment area will be enlarged to include another county.

Due to a lack of increase in appropriations for the fiscal year 1973-74, the size of the Pilot Project staff has not increased. In spite of this limitation, the staff, through in-service training and on-the-job experience, has moved toward the goal of developing the core of key personnel for Village A.



## **C. M. TUCKER, JR., HUMAN RESOURCES CENTER**

### **ADMINISTRATOR'S REPORT**

During the past year our main efforts were directed towards the improvement and expansion of our programs. The employment of a full time Physician and a Recreation Therapist greatly enhanced the Patient Care and Recreation Program. However, our continued inability to meet current salary demands for Registered Physical Therapists has kept us from developing the Physical Therapy Program which has been vitally needed for the Fewell Pavilion patients.

The titles of "John M. Fewell Pavilion" and "C. M. Tucker, Jr., Human Resources Center" became official on February 28, 1973, with dedication ceremonies at the Fewell Pavilion honoring Dr. John M. Fewell, M. D., Mental Health Commission Member Emeritus, and Mr. C. M. Tucker, Jr., Chairman of the South Carolina Mental Health Commission. Dr. Alvin I. Goldfarb, M. D., of the Mount Sinai Hospital for the Aged of New York was the featured speaker, emphasizing the need for greater concern by everyone for the care of our senior citizens.

On May 29, 1973, we were officially notified that the John M. Fewell Pavilion had received a two year accreditation by the Joint Commission on Accreditation of Hospitals. The entire Center was surveyed on February 23, 1973, by a representative of the Accreditation Council for Long Term Care Facilities of JCAH. Unfortunately the Surveyor did not feel our programs in the E. Roy Stone, Jr. War Veterans Pavilion were compatible with those of a Long Term Care Facility and recommended we seek accreditation as a psychiatric facility. This has been done and the Stone Pavilion is scheduled for survey on July 27-28, 1973.

In February, 1973, after only one year's operation as a separate service, the Custodial and Housekeeping Service was deactivated and the staff was assigned to the Custodial Section of the Supply Services. This proved to be a very effective move and the morale of this group of employees has

improved immeasurably under the leadership and management of Supply Services.

Grade and salary adjustments for employees during the past year has improved morale and efficiency. Also the development of Mental Health Technician spaces within the Nursing Service has provided an opportunity for the Nursing Assistants to move up in stature as their abilities and proficiencies improve.

Appropriately, the staff at Tucker Center recognizes that we have still many obstacles to overcome before we will achieve our goal for patient care. However, I feel that as long as we constantly strive for improvement in our patient care, our patients will never become "Back Ward Patients."

### FOOD SERVICE

During the year the Center's Food Service served 351,741 patient and employee meals, including approximately 44,000 special prescribed diets. During this time two additional Food Service Aides were employed for shift work, thereby increasing the total number of personnel to 17. In a pilot program, the two Food Service Supervisors are on a five day week schedule each in direct control of the Food Service operation of a Pavilion which will give an overall closer supervised program. This provides on-the-job supervision ten days per two week pay period instead of eight under the old system. Secondly, this eliminates approximately \$1,600 annual overtime pay.

Four Supervisors and Assistants attended the twelve hour Staff Development Course "Basic Elements of Supervisory Training" conducted November 22, 1972, through January 24, 1973, at the Fewell Pavilion Class Room. Also, one of the four individuals referred to above, attended a 24-hour Food Service Supervisors Course at Midlands Technical Education Center which was conducted January 9th through April 19th, 1973. The Center continued to receive additional help through the Neighborhood Youth Corps by working 2 to 4 youths each weekend. In order to provide some privacy for the employees during the meal hours, portable dividers were constructed in the form of



flower boxes and placed across one end of the dining room. The Dining-Recreation area in the Fewell Pavilion was painted which was a marked improvement and will be further enhanced when pictures and murals are hung on the walls. Painting in the kitchen areas of both Pavilions and the Dining-Recreation area of the Stone Pavilion is scheduled to be done later this year.

### **REGISTRAR SERVICE**

During this fiscal year Tucker Center received 127 admissions, discharged 107 patients, and 34 patients died. A total of 102,712 patient days was recorded. On May 8, 1973, the medical records of Fewell Pavilion were inspected by the S. C. State Board of Health for approval of our continued participation in the Medicare-Medicaid program.

### **ENGINEERING SERVICE**

Maintenance Personnel during the past year continued to have problems in both the Fewell and Stone Pavilions with construction deficiencies. The large air handlers during the winter created a problem by drawing the snow into the overhead air ducts, which melted and caused considerable damage to the ceilings. The major project of the year was the construction of a new Laundry Building. The installation of sewage service and water for this building was accomplished by Tucker Center Engineering Staff.

The old entrance to C. M. Tucker Jr. Human Resources Center was closed and a new double entrance was constructed in front of the E. Roy Stone Jr. War Veterans Pavilion. A new curb and sidewalk was also installed and a new free standing brick wall was erected. At the entrance floodlights were installed to light the sign. New shrubbery was added to the grounds and approximately one acre of new lawn was planted. Heavy wear and tear on the walls of the corridors and rooms in the Fewell Pavilion required 52 bedrooms, corridors, and dining room walls to be painted. The supply service doors were rehung to open in from the corridor for the safety of the patients. Another improvement was the addition of a new master P. A. system which permits central paging in both buildings. The Sim-

plex fire control boxes were changed so the fire alarm systems could be tested once a week without having to call city electricians. Present licensing standards require the fire alarm system to be tested weekly in addition to the existing quarterly fire drills.

### SUPPLY SERVICE

In October of 1972 an air conditioned, well lighted laundry building was completed. It was equipped with three washing machines and three dryers designed to handle 15 pounds per unit per load. Since that time an average of 250 pounds of towels, wash cloths and other wash and wear items have been laundered. Two new pieces of equipment, one 35 pound capacity washer-extractor, and one 50 pound dryer have been ordered.

On February 17, 1973, a new Supervisor was assigned to the Supply Services which encompasses all supply and property accounting activity, laundry operations and custodial services. A program was initiated in order to prepare the Center for an accreditation inspection on February 23, 1973, and also for the dedication of the Center on February 28, 1973. Through a tremendous effort by all custodial workers the pavilions were ready for inspection and open house.

During the report period an average of 9500 pounds of dirty linen products were sent to the Central Correctional Institution Laundry per week. Even though the Center has on inventory approximately 7000 sheets and 3000 pillow cases, it seems impossible for the CCI Laundry to keep it furnished with enough sheets and pillow cases to operate between deliveries. A planned Custodial Service Conference is conducted each pay day. The meeting on the first pay day in the month is used to orient the employees on new directives, memos, and other matters of official interest. At this meeting the employees are encouraged to bring their complaints or suggestions out into the open for discussion. The meeting on the second pay day of the month is an Inservice Training Session. New ideas and lessons learned at the Housekeeping Workshops are passed on to other Custodial Workers.



### **MEDICAL SERVICE**

A full time Physician joined the staff in September, 1972, and during the month of June, 1973, arrangements were made to employ a board certified Psychiatrist on a part-time basis as a Consultant. The professional guidance and leadership of these two Physicians to the multi-discipline treatment teams has improved their capabilities immeasurably.

### **NURSING SERVICE**

During the year Nursing Service has focused on staffing and recruiting License Nursing Personnel. A formal In-service Education Program was developed for Nursing Assistants. The first class began in April, 1973, with twelve Nursing Assistants completing the Basic Nursing course. Continuing inservice education programs are being held monthly for all levels of Nursing Personnel.

Nursing Personnel have been actively involved in planning treatment programs for patients and working with groups of patients in Reality Orientation Training.

### **PATIENT SERVICES**

The Patient Services program at Tucker Center continued to develop during this fiscal year, particularly in the area of patient activities, made possible by an expanded Recreation Therapy Service Staff. The Pastoral Care Service and Social Service programs completed the first full year of operation.

Work was begun on the development of a Patient Services Organization, Policies and Procedures Manual. The initial publication of the manual contains organizational structure, general policies and procedures for providing services to patients of the facility.

The area of greatest concern within Patient Services at the close of the year is the inability to recruit a Registered Physical Therapist that will permit reopening of the Physical Therapy Service. This is a much needed service which is vital to the rehabilitating program, especially for patients in the Fewell Pavilion.

With the increase in patient activities Tucker Center has placed increasing emphasis on the utilization of volunteers in the Center's programs. Patient activities organization and the use of volunteers have now developed to the level that the need exists for the establishment of Volunteer Services as a separate unit of the Patient Services program.

### **PASTORAL CARE**

The organized Worship Services within the two Pavilions of Tucker Center have taken a new perspective with the leadership of the Clinical Chaplain. Through the Chaplain's efforts, altarware and choir robes have been solicited to improve this program. In addition to non-sectarian religious literature available through the Pastoral Care Service Office, publications of major religious groups were secured for the patient's library.

A program for volunteer seminary students and others engaged in training for religiously oriented careers to participate in the pastoral care program of the Center was established this year.

Pastoral Care Services were further expanded in June when Tucker Center began to utilize the Catholic Chaplain employed by the Department of Mental Health. In addition to providing a pastoral relationship with the Catholic patients, he will engage in general patient visitation and assist periodically with the Center worship services.

### **RECREATION THERAPY**

Recreation Therapy Services have broadened in the past year through the addition of a full-time Recreation Therapist and full-time Recreation Therapy Aide II.

Arts and Crafts programs were carried out on a daily basis in both Pavilions. Movies, bingo, shopping and field trips, fishing, bowling, sports and table games were weekly activities. Special events included parties given by volunteer groups, and off-ground activities including the State Fair, singing groups at the Carolina Coliseum, South Carolina Veterans Homecoming Celebration, and other events.



## SOCIAL WORK SERVICE

Social Service, in its first full year of functioning under the direction of a Clinical Social Worker, made significant advances in developing programs and providing services to patients of Tucker Center. A detailed review of Social Service information on each patient at the Center was conducted and personnel completed a major project of updating all records including the obtaining of social histories not available in the records. All social information is now maintained on a current basis.

A study of institutionalism among schizophrenic patients in the E. Roy Stone Jr. War Veterans Pavilion was conducted by the Clinical Social Worker and Social Worker for the Pavilion in January, 1973.

The group therapy program was developed by representatives from the various disciplines on the treatment team. Prior to initiating the program, a six-weeks orientation and training program for group leaders and assistants was conducted in which members of Nursing Service, Social Service, Recreation Therapy, Pastoral Care, and Medical Staff were utilized as instructors. The program is now functioning well and plans will be made to adapt it for use in the John M. Fewell Pavilion in the future.

## **ALCOHOL AND DRUG ADDICTION CENTER DIRECTOR'S REPORT**

During the year a total of 414 patients were admitted to the Alcohol and Drug Addiction Center. Compared to the larger state mental health institutions, this is a modest number. It is just a trickle that proceeds the flood of such patients who will be admitted when the new Center is open. These patients received treatment for their problem and at the same time, furnished an invaluable group of typical patients for evaluation of treatment modalities and staff training. Staff procedures have been established and evaluated for applicability of use in the new Center.

### **CONSTRUCTION**

Ground preparation for the new Addiction Center began December 1972, and by the end of the fiscal year, utility conduits had been installed and all but three foundations poured and the exterior completed on a number of buildings in the new Center. By June 30, 1973, a significant part of the work on the dam had been completed and water had started to collect in back of the dam. Temporary offices for Center headquarters were constructed and equipped with the type of furniture planned for use in the new Center and throughout the Village System.

### **AFTERCARE**

A number of methods for following the progress of released patients were used. These include mail, telephone calls and use of Addiction Counselors. All patients who leave the Center have an appointment with an Aftercare Therapist. This may be a Mental Health Clinic, a local council on Alcohol and Drug Addiction or other government supported agency.

### **QUARTERWAY HOUSE**

A set of family quarters was obtained from Crafts-Farrow State Hospital and converted to a group living or quarterway house during January 1973. The repair and painting of the house was accomplished by the Alcohol and Drug Addiction Center staff and patients. The bulk of the



furniture was donated. This provided living accomodation for eight recovering patients who had reached maximum hospital benefit but who could profit from a longer period of structured living. During the remaining months of the fiscal year, twelve ex-patients lived at the quarterway house and worked at the Center, Crafts-Farrow State Hospital or for private industry. A maximum stay of 180 days for any one person is authorized so there will be a continuing availability of beds for new ex-patients.

### **RESIDENT COUNSELOR**

A system was developed for using recovering addicted patients after their discharge to assist in the Center. A total of ten such personnel have been trained and evaluated.

### **FOOD SERVICE**

A search continued for the best food service for the new Center. The Director of Food Service, along with the Chief of Food Service of Crafts-Farrow State Hospital, visited hospitals from Florida to Maryland evaluating the various sytems used and determining their applicability to the new Center. As a result of this study a change in design of the food service areas in the new Center was completed.

### **SECURITY**

The Chief of Security attended the Basic and the Sergeant's Police Officer courses at the SLED academy. A new female police officer was added to the staff to relieve the nursing service personnel of all security duties with female patients.

### **LIBRARY**

The library component became fully operational and firmly established in meeting both staff and resident needs. Among the materials acquired were some 150 professional books, 18 periodicals, 6 complete sets of audio tapes, 20 permanent video cassette tapes and nearly 200 paperback novels.

The Center has completed certification for Clinical Pastoral Training and three trainees have completed this program. The Center also qualified as a field placement agency in graduate social work (U. S. C.) and several students have completed this course. Video tape recording equipment was used at the Center this year employing three cameras, three monitors and three cassettes.

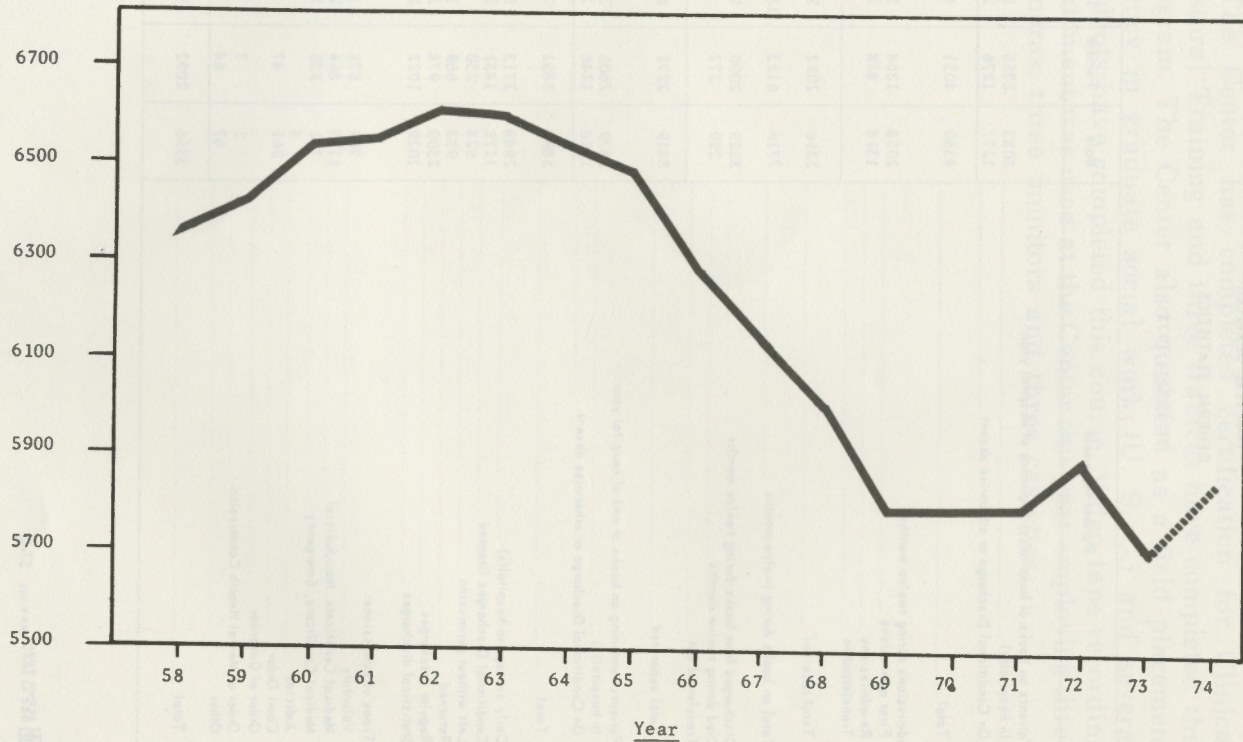


HOSPITAL SERVICES  
GENERAL STATISTICS  
FY 1972 - 1973

Patient Movement	Male	Female	Total
Patients on books of hospital(s) beginning of hospital year:			
In hospital(s) .....	3083	2755	5838
On Conditional Discharge or otherwise absent .....	1277	1276	2553
Total .....	4360	4031	8391
Admissions during twelve months:			
First admissions .....	2038	1264	3302
Re-admissions .....	1318	828	2146
Transferred in .....			
Total received .....	3356	2092	5448
Total on books during twelve months .....	7716	6123	13839
Discharged from books during twelve months .....	3529	2000	5529
Died during twelve months .....	290	272	562
Transferred out .....			
Total separated .....	3819	2272	6091
Patients remaining on books at end of hospital year:			
In hospital(s) .....	2879	2605	5484
On Conditional Discharge or otherwise absent .....	1018	1246	2264
Total .....	3897	3851	7748
Daily average in hospital(s) .....	2988	2713	5701
Conditional Discharges Granted .....	1175	1431	2606
Left without permission .....	528	230	758
Returned .....	933	669	1602
Regular discharges .....	2500	978	3478
Statistical discharges .....	1029	1022	2051
Types of admissions:			
Voluntary .....	769	575	1344
Medical Certificate, Non-Judicial .....	1178	864	2042
Medical Certificate, Emergency .....	771	535	1306
Judicial .....	8		8
Court Order .....	561	47	608
Order of Governor .....			
Order of Mental Health Commission .....	2	7	9
Other .....	67	64	131
Total .....	3356	2092	5448

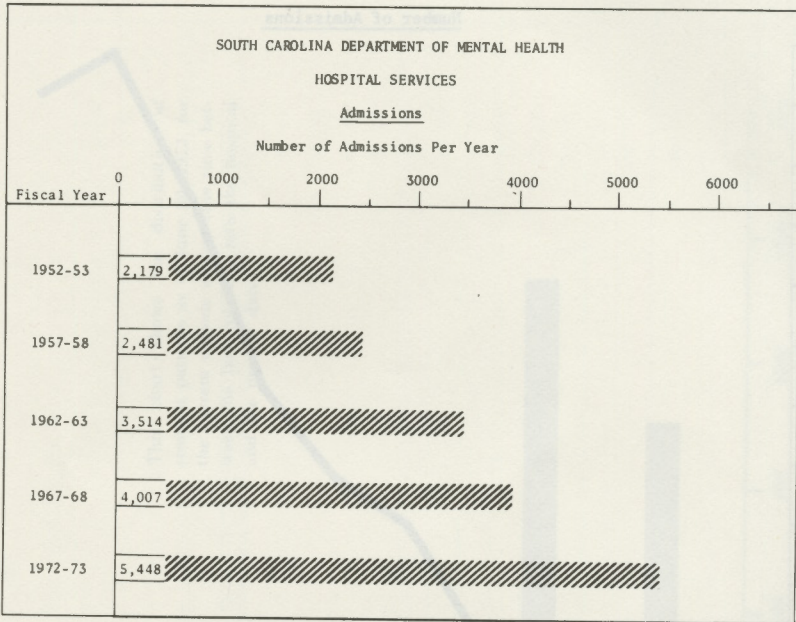
SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH  
Hospital Services

DAILY AVERAGE POPULATION AND PROJECTED DAILY AVERAGE POPULATION



Prepared by Statistical Section





Prepared by Statistical Section  
July, 1973

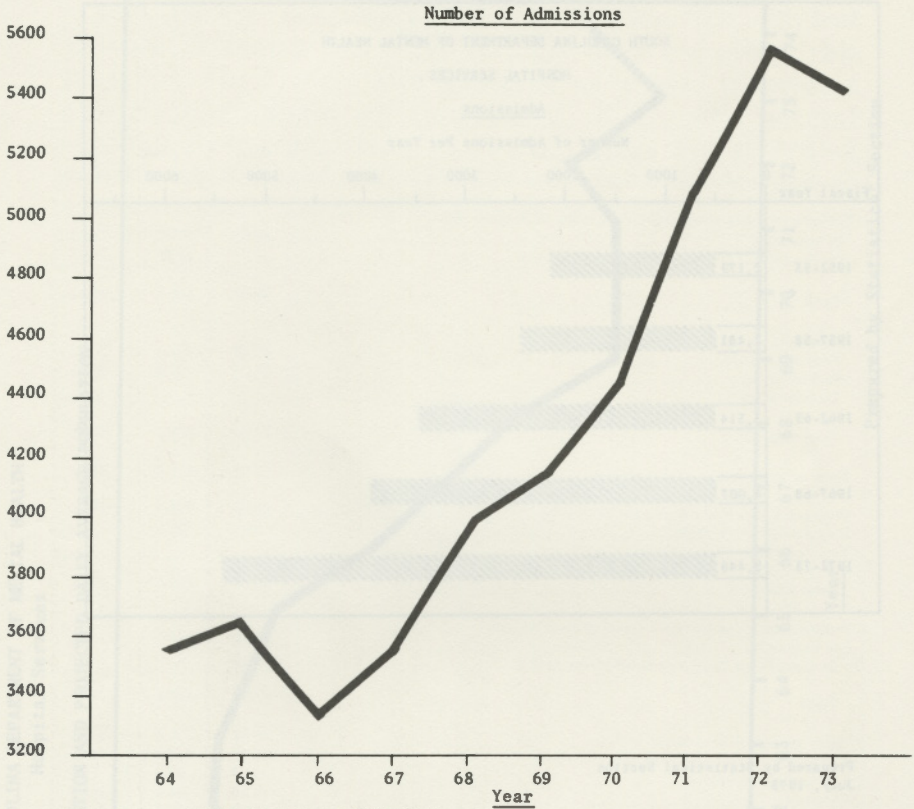
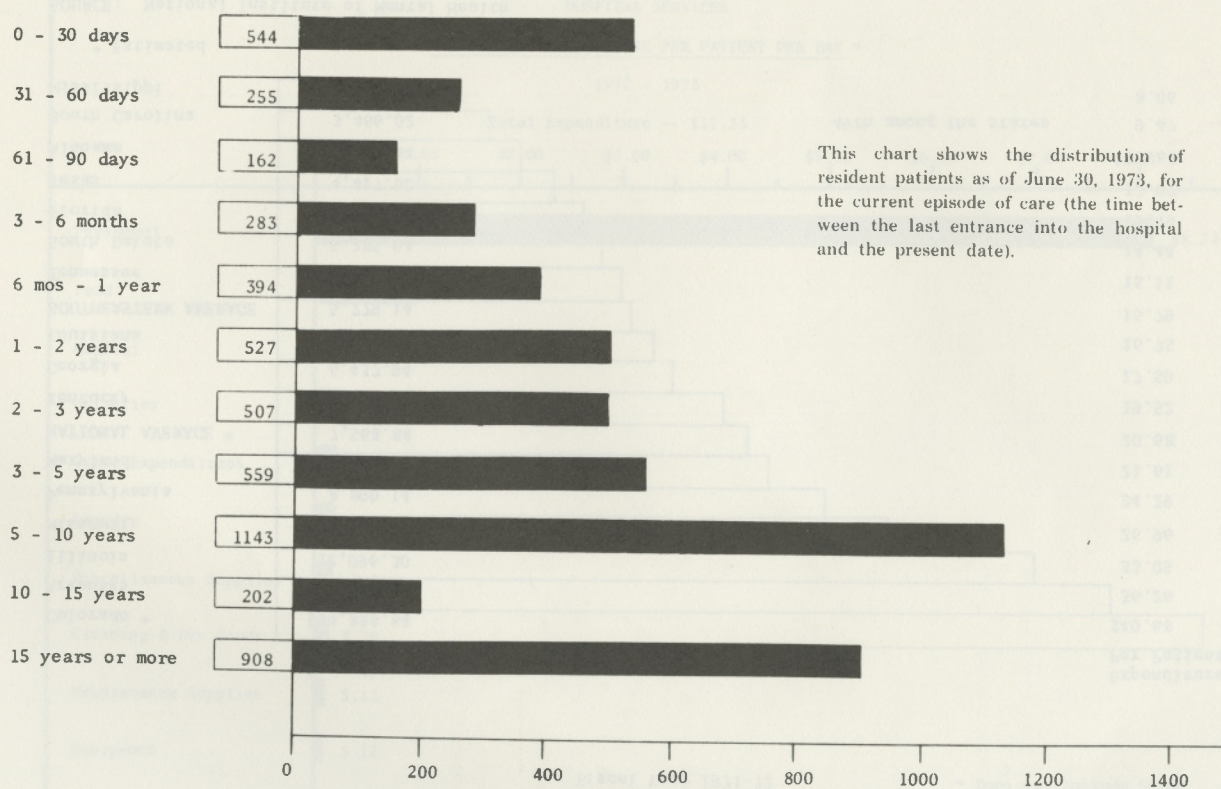


Figure 1      Trend in yearly admissions  
South Carolina Department of Mental Health--Hospital Services, 1964 - 1973  
Prepared by Statistical Section



# SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

## HOSPITAL SERVICES



Prepared by Statistical Section

Resident Patients as of June 30, 1973, by Length of Stay

Total 5484

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

HOSPITAL EXPENDITURES

COMPARISON WITH OTHER STATES  
Fiscal Year 1971-72

	Expenditures Per Patient Year	Expenditures Per Patient Day
Colorado *	\$14,888.88	\$40.68
Arkansas	13,271.16	36.26
Illinois	12,096.30	33.05
Missouri	9,867.36	26.96
Pennsylvania	8,890.14	24.29
Maryland	7,909.26	21.61
NATIONAL AVERAGE *	7,568.88	20.68
Kentucky	7,144.32	19.52
Georgia	6,437.94	17.59
Louisiana	6,130.50	16.75
SOUTHEASTERN AVERAGE	5,779.14	15.79
Tennessee	5,530.26	15.11
South Dakota	5,285.04	14.44
Florida	4,937.34	13.49
Texas	4,417.62	12.07
Alabama	3,967.44	10.84
South Carolina	3,466.02	9.47
Mississippi	2,949.96	8.06

49th among the states

\* Estimated

SOURCE: National Institute of Mental Health



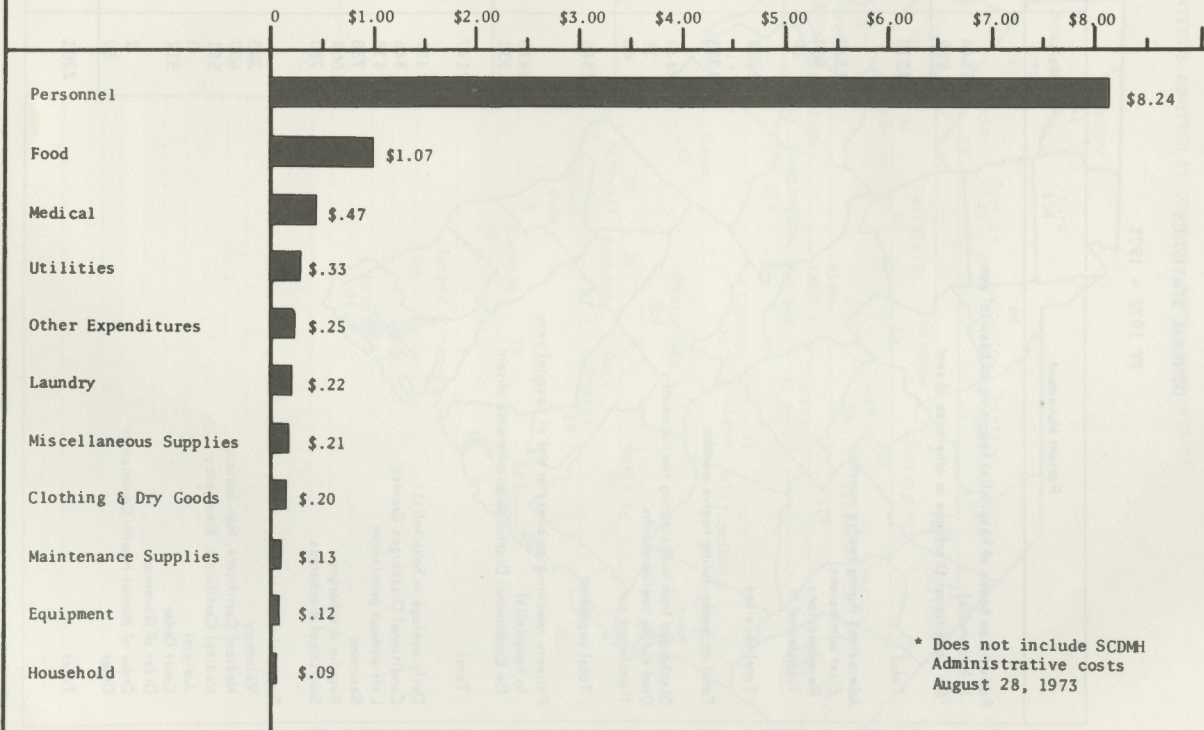
SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

HOSPITAL SERVICES

MAINTENANCE EXPENDITURE PER PATIENT PER DAY \*

1972 - 1973

Total Expenditure -- \$11.33



\* Does not include SCDMH  
Administrative costs  
August 28, 1973

## SOUTH CAROLINA STATE HOSPITAL

## GENERAL STATISTICS

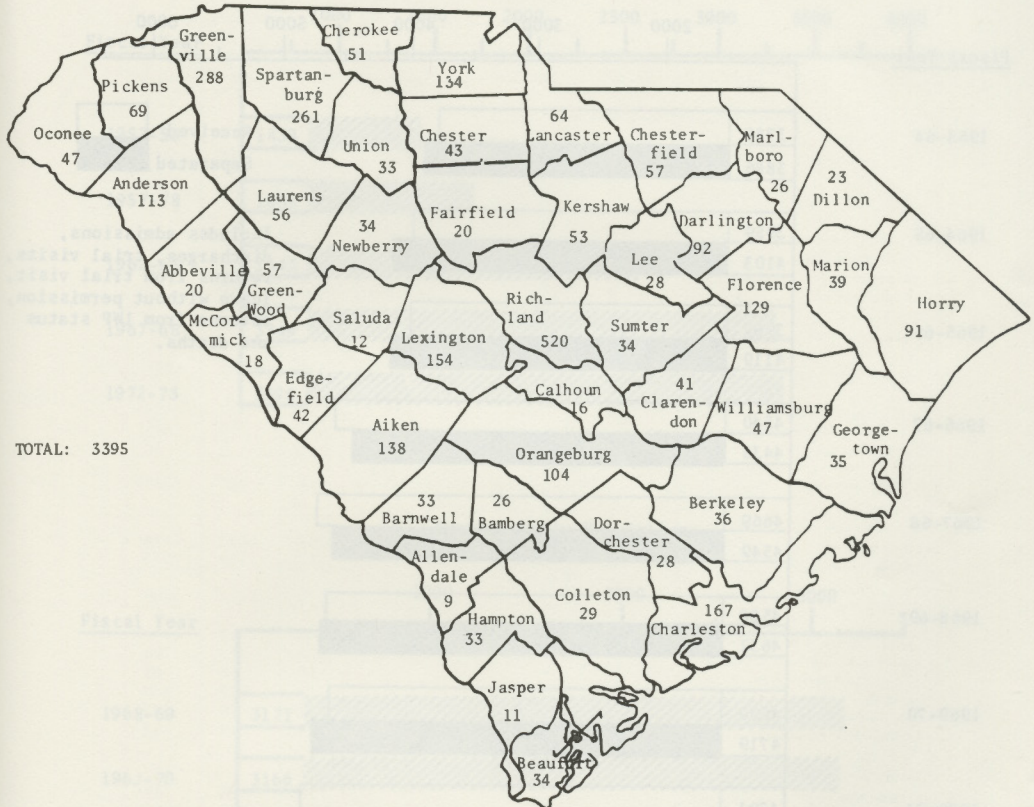
FY 1972 - 1973

Patient Movement	Male	Female	Total
Patients on books of hospital(s) beginning of hospital year:			
In hospital(s) .....	1544	1308	2852
On Conditional Discharge or otherwise absent .....	969	966	1935
Total .....	2513	2274	4787
Admissions during twelve months:			
First admissions .....	1337	686	2023
Re-admissions .....	864	508	1372
Transferred in .....	19	17	36
Total received .....	2220	1211	3431
Total on books during twelve months .....	4733	3485	8218
Discharged from books during twelve months .....	2449	1290	3739
Died during twelve months .....	71	51	122
Transferred out .....	66	69	135
Total separated .....	2586	1410	3996
Patients remaining on books at end of hospital year:			
In hospital(s) .....	1416	1180	2596
On Conditional Discharge or otherwise absent .....	731	895	1626
Total .....	2147	2075	4222
Daily average in hospital(s) .....	1479	1274	2753
Conditional Discharges Granted .....	846	996	1842
Left without permission .....	434	192	626
Returned .....	738	491	1229
Regular discharges .....	1669	522	2191
Statistical discharges .....	780	768	1548
Types of admissions:			
Voluntary .....	393	252	645
Medical Certificate, Non-Judicial .....	690	487	1177
Medical Certificate, Emergency .....	551	386	937
Judicial .....	3		3
Court Order .....	512	40	552
Order of Governor .....			
Order of Mental Health Commission .....	2	7	9
Other .....	50	22	72
Total .....	2201	1194	3395



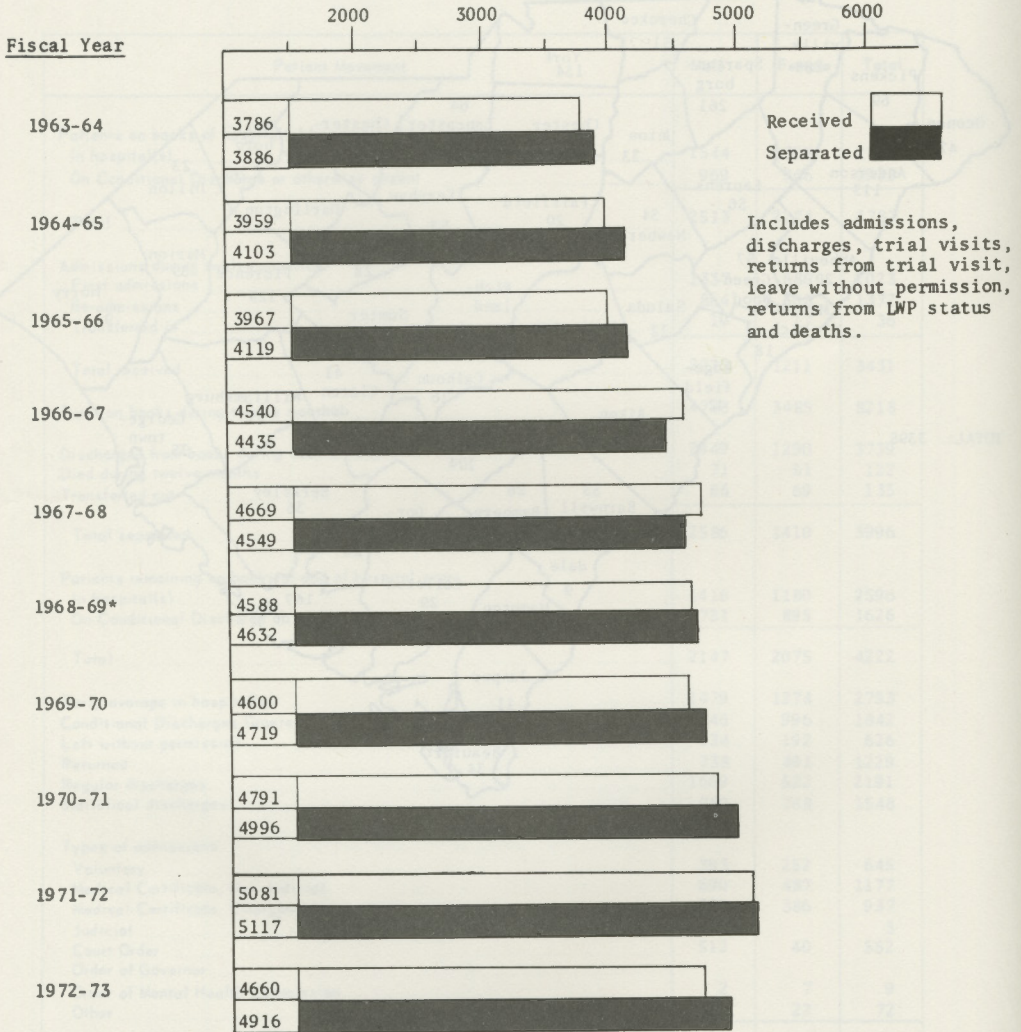
## SOUTH CAROLINA STATE HOSPITAL

PATIENTS ADMITTED BY COUNTIES, FISCAL YEAR 1972-73



TOTAL: 3395

## SOUTH CAROLINA STATE HOSPITAL

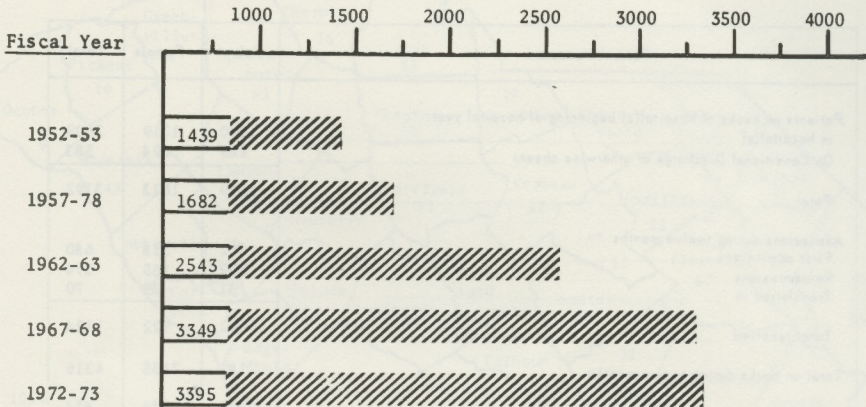
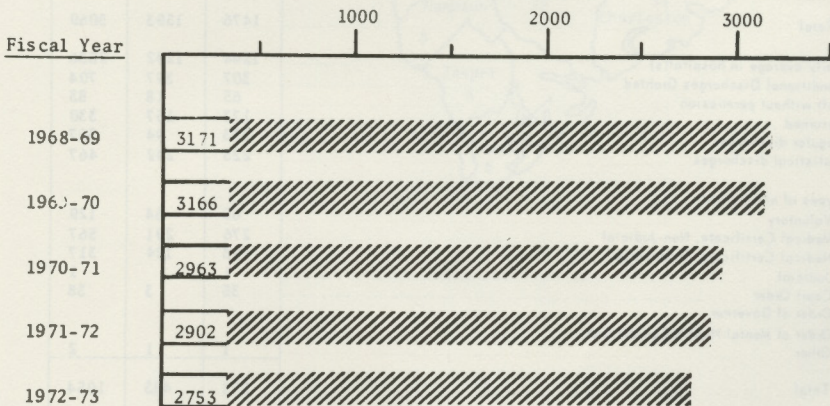
Patients Received And Separated

\* Beginning with FY 1968-69:  
 Received includes transfers in  
 Separated includes transfers out  
 (Previous years do not include transfers.)

Prepared by Statistical Section



## SOUTH CAROLINA STATE HOSPITAL

AdmissionsAverage Daily Population

Prepared by Statistical Section

## CRAFTS-FARROW STATE HOSPITAL

## GENERAL STATISTICS

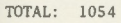
FY 1972 - 1973

Patient Movement	Male	Female	Total
Patients on books of hospital(s) beginning of hospital year:			
In hospital(s) .....	1290	1319	2609
On Conditional Discharge or otherwise absent .....	289	294	583
Total .....	1579	1613	3192
Admissions during twelve months:			
First admissions .....	362	318	680
Re-admissions .....	209	165	374
Transferred in .....	31	39	70
Total received .....	602	522	1124
Total on books during twelve months .....	2181	2135	4316
Discharged from books during twelve months .....	498	336	834
Died during twelve months .....	203	198	401
Transferred out .....	4	8	12
Total separated .....	705	542	1247
Patients remaining on books at end of hospital year:			
In hospital(s) .....	1213	1283	2496
On Conditional Discharge or otherwise absent .....	263	310	573
Total .....	1476	1593	3069
Daily average in hospital(s) .....	1244	1292	2536
Conditional Discharges Granted .....	307	397	704
Left without permission .....	65	18	83
Returned .....	173	157	330
Regular discharges .....	273	94	367
Statistical discharges .....	225	242	467
Types of admissions:			
Voluntary .....	65	64	129
Medical Certificate, Non-Judicial .....	276	291	567
Medical Certificate, Emergency .....	193	124	317
Judicial .....	1		1
Court Order .....	35	3	38
Order of Governor .....			
Order of Mental Health Commission .....			
Other .....	1	1	2
Total .....	571	483	1054

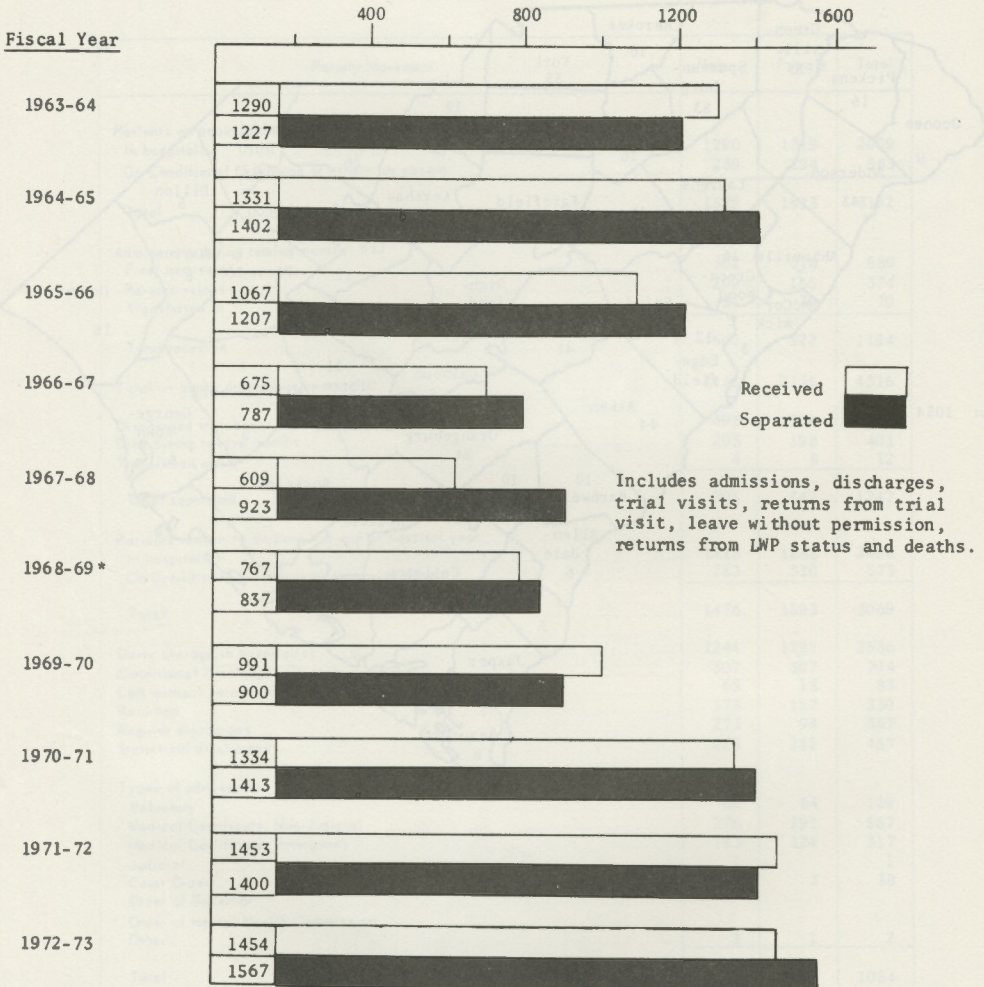


## L

YEAR 1972-73



## CRAFTS-FARROW STATE HOSPITAL

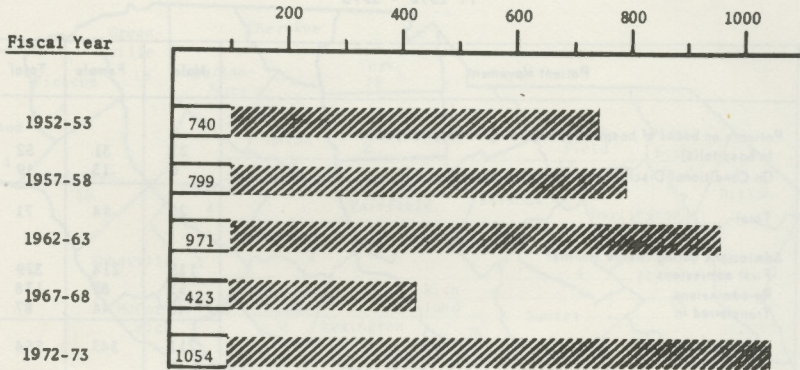
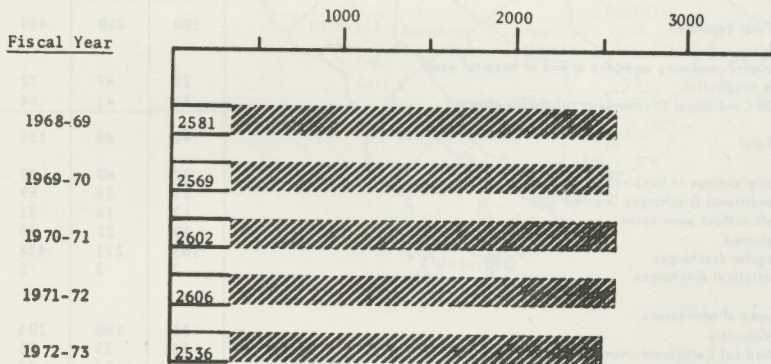
Patients Received and Separated

\* Beginning with FY 1968-69:  
 Received includes transfers in  
 Separated includes transfers out.  
 (Previous years do not include transfers.)

Prepared by Statistical Section



## CRAFTS-FARROW STATE HOSPITAL

AdmissionsAverage Daily Population

Prepared by Statistical Section

## WILLIAM S. HALL PSYCHIATRIC INSTITUTE

## GENERAL STATISTICS

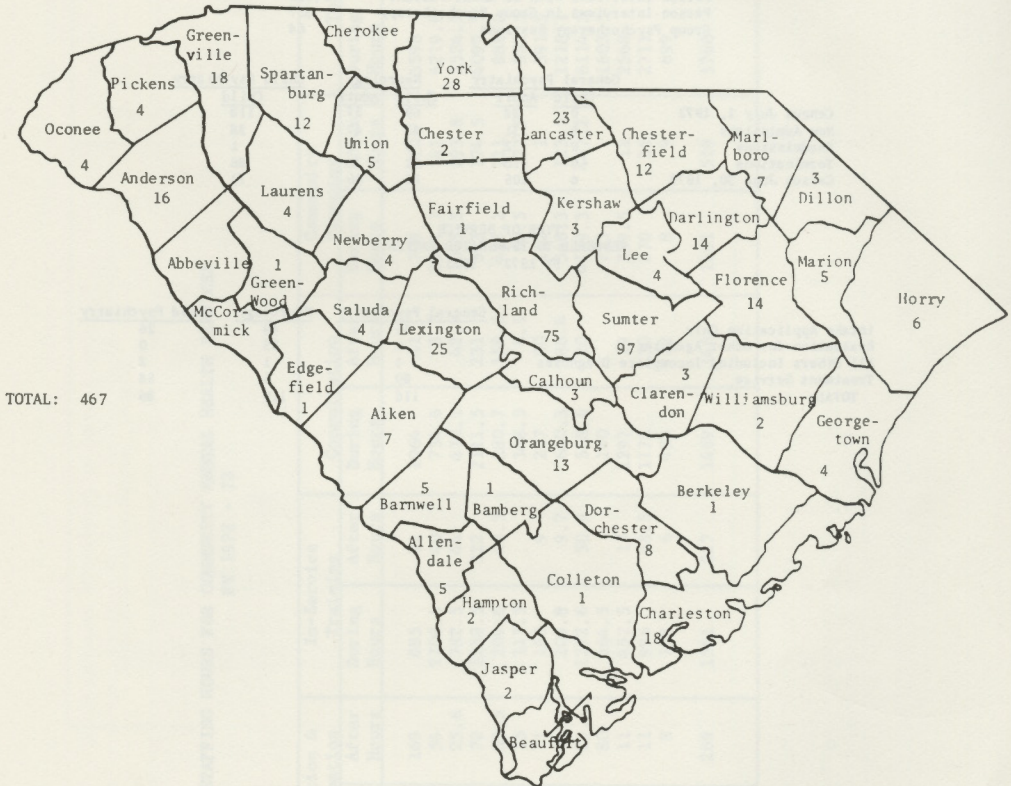
FY 1972 - 1973

Patient Movement	Male	Female	Total
Patients on books of hospital(s) beginning of hospital year:			
In hospital(s) .....	21	31	52
On Conditional Discharge or otherwise absent .....	6	13	19
Total .....	27	44	71
Admissions during twelve months:			
First admissions .....	115	214	329
Re-admissions .....	53	85	138
Transferred in .....	43	44	87
Total received .....	211	343	554
Total on books during twelve months .....	238	387	625
Discharged from books during twelve months .....	165	274	439
Died during twelve months .....		1	1
Transferred out .....	25	24	49
Total separated .....	190	299	489
Patients remaining on books at end of hospital year:			
In hospital(s) .....	25	47	72
On Conditional Discharge or otherwise absent .....	23	41	64
Total .....	48	88	136
Daily average in hospital(s) .....	31	49	80
Conditional Discharges Granted .....	21	38	59
Left without permission .....	17	14	31
Returned .....	19	21	40
Regular discharges .....	163	271	434
Statistical discharges .....	2	3	5
Types of admissions:			
Voluntary .....	95	199	294
Medical Certificate, Non-Judicial .....	38	35	73
Medical Certificate, Emergency .....	19	24	43
Judicial .....			
Court Order .....			
Order of Governor .....			
Order of Mental Health Commission .....			
Other .....	16	41	57
Total .....	168	299	467



## WILLIAM S. HALL PSYCHIATRIC INSTITUTE

PATIENTS ADMITTED BY COUNTIES, FISCAL YEAR 1972-73



WILLIAM S. HALL PSYCHIATRIC INSTITUTE  
OUTPATIENT SERVICES  
FY 1972 - 1973

Person-Interviews With or About Patient 5,512  
Person-Interviews in Group Psychotherapy 357  
Group Psychotherapy Sessions 64

	<u>General Psychiatry</u>		<u>Neurology</u>		<u>Child Psychiatry</u>
	<u>Child</u>	<u>Adult</u>	<u>Child</u>	<u>Adult</u>	<u>Child</u>
Census July 1, 1972	0	88	69	37	118
New Admissions	6	131	83	47	38
Readmissions	0	2	5	0	1
Terminations	0	116	72	38	86
Census June 30, 1973	6	105	85	46	71

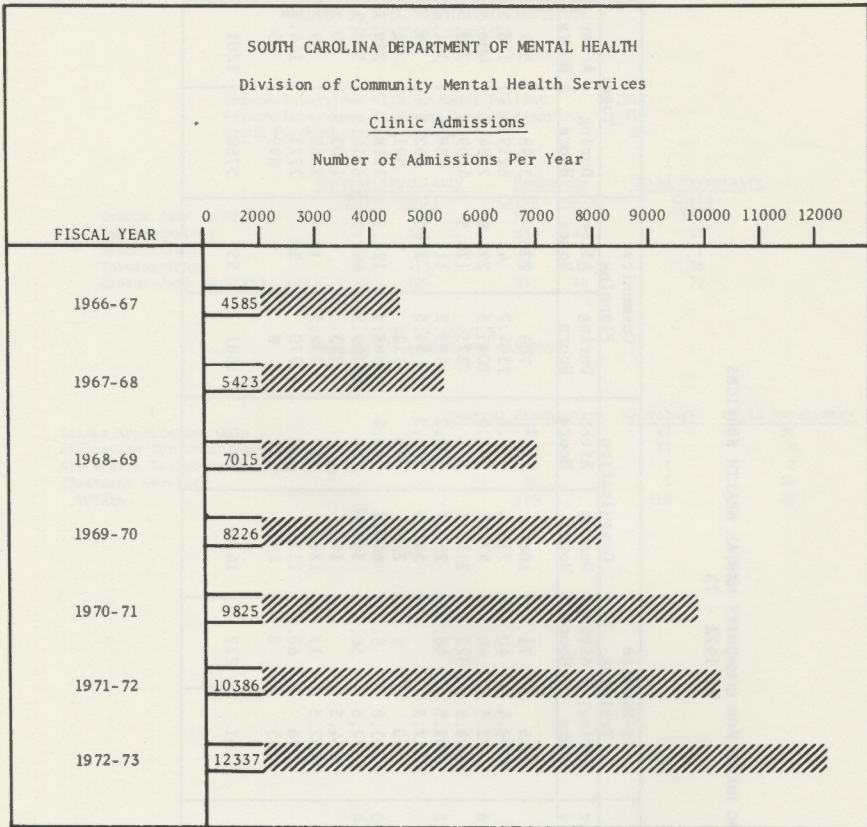
TYPE OF SERVICE  
RENDERED TO TERMINATED PATIENTS  
FY 1972 - 1973

	<u>General Psychiatry</u>	<u>Neurology</u>	<u>Child Psychiatry</u>
Intake Application Only	35	49	26
Evaluation for Other Agencies	0	55	0
All Others Including Incomplete Diagnoses	1	1	2
Treatment Service	80	5	58
TOTAL*	116	110	86



STAFFING HOURS FOR COMMUNITY MENTAL HEALTH SERVICES  
FY 1972 - 73

	Education & Information		In-Service Training		Consultation		Community Planning		Total	
	During Hours	After Hours	During Hours	After Hours	During Hours	After Hours	During Hours	After Hours	During Hours	After Hours
Charleston	940	169	885	71	1064	41	709	220	3598	501
Greenville	472.2	54	2708.4	40	734.6	3.5	2304.7	41	6219.9	138.5
Columbia Area	222.3	25.6	782.5	44	476.1	42.9	1043.3	293.8	2524.2	406.3
Spartanburg	376.5	72	1238.5	322	2111.5	231	373	174.5	4099.5	799.5
Pee Dee	65.3	53.5	209.6	48.5	280.7	158.2	433.2	111	988.8	371.2
York-Chester-Lancaster	20	13	117.5		348.5	8.5	66.5	27.5	552.5	49
Beckman	92.5	11	160	9	227	20	112	1	591.5	41
Santee-Wateree	5.7	61.5	203.8	9.7	640.3	88.4	368.3	123.5	1218.1	283.1
Anderson-Oconee-Pickens	83.8	23.4	1272.6	50.9	568.6	20	4189.3	447.2	6114.3	541.5
Aiken	66	80	664.5		140		733		1603.5	80
Coastal Empire	579	11	452.5	17	1297	19	239.5	12	2568	59
Tri-County	274	11	996	68.5	1171	30	270	35	2711	144.5
Orangeburg	45	8	153	6	493	22	8	9	699	45
Georgetown-Horry-Williamsburg	1077	269	1561	227	1469	146	1661	559	5768	1201



Prepared by Statistical Section



# SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

Direct Clinic Service to Patients, 1972-73

TYPE INTERVIEWS	TOTAL	Charleston County Mental Health Clinic	Greenville Area Mental Health Center	Columbia Area Mental Health Center	Spartanburg Area Mental Health Clinic	Pee-Dee Mental Health Center	York - Chester- Lancaster Mental Health Center	Beckman Center for Mental Health Services	Spartanburg- Kershaw Mental Health Center	Anderson - Oconee- Pickens Mental Health Center	Tri-County Mental Health Center	Coastal Empire Mental Health Center	Aiken County Mental Health Center	Oconee County Mental Health Center	Georgetown-Horry Mental Health Center	
1. Interviews with or about patients	88961	6470	9070	14073	9046	3723	4625	4482	7885*	13763	2756	5519	3026	3107	1416	
2. Interviews in group psychotherapy	52087	5628	3016	8053	5643	1351	4436	278	2822	10584	1100	3860	1637	1539	2140	
3. Group Psychotherapy Session	8217	999	422	1267	952	238	748	61	468	1211	154	883	306	171	337	
4. Follow-up interviews	3584	16	171	80	1888	113	107	31	88		21	292	175		602	
5. Interviews in Family Therapy	6306	1155	423	857	466	83	79		348	1199	213	109	958		416	
TOTAL NUMBER OF INTERVIEWS	150938	13269	12680	23063	17043	5270	9247	4791	11143*	25546	4090	9780	5796	4646	4574	
Average Daily Interviews	613.6	53.9	51.5	93.8	69.3	21.4	37.6	19.5	45.3	103.8	16.6	39.8	23.6	18.9	18.6	

\* 1621 Day Care

1. Interviews with or about patients are defined as face-to-face personal interviews by professional staff with clinic patients or with others on behalf of clinic patients.
2. Group psychotherapy is defined as treatment through the use of group dynamics or group interactions.
3. Group Psychotherapy Session is defined as number of group psychotherapy sessions held and is not included in the Total Number of Interviews.
4. Follow-up interviews are defined as routine interviews after discharge from the clinic to determine efficacy of treatment or whether recommendations have been carried out.

Prepared by Statistical Section

## JOHN M. FEWELL PAVILION

## GENERAL STATISTICS

FY 1972 - 1973

Patient Movement	Male	Female	Total
Patients on books of hospital(s) beginning of hospital year:			
In hospital(s) .....	53	88	141
On Conditional Discharge or otherwise absent .....			
Total .....	53	88	141
Admissions during twelve months:			
First admissions .....	1		1
Re-admissions .....	28	30	58
Transferred in .....			
Total received .....	29	30	59
Total on books during twelve months .....	82	118	200
Discharged from books during twelve months .....	14	10	24
Died during twelve months .....	13	21	34
Transferred out .....			
Total separated .....	27	31	58
Patients remaining on books at end of hospital year:			
In hospital(s) .....	55	87	142
On Conditional Discharge or otherwise absent .....			
Total .....	55	87	142
Daily average in hospital(s) .....	57	87	144
Conditional Discharges Granted .....			
Left without permission .....	1		1
Returned .....	1		1
Regular discharges .....	14	10	24
Statistical discharges .....			
Types of admissions:			
Voluntary .....			
Medical Certificate, Non-Judicial .....	29	30	59
Medical Certificate, Emergency .....			
Judicial .....			
Court Order .....			
Order of Governor .....			
Order of Mental Health Commission .....			
Other .....			
Total .....	29	30	59



## E. ROY STONE, JR. WAR VETERANS PAVILION

## GENERAL STATISTICS

FY 1972 - 1973

Patient Movement	Male	Female	Total
Patients on books of hospital(s) beginning of hospital year:			
In hospital(s) .....	149		149
On Conditional Discharge or otherwise absent .....			
Total .....	149		149
Admissions during twelve months:			
First admissions .....	24		24
Re-admissions .....	38		38
Transferred in .....			
Total received .....	62		62
Total on books during twelve months .....	211		211
Discharged from books during twelve months .....	75		75
Died during twelve months .....	2		2
Transferred out .....			
Total separated .....	77		77
Patients remaining on books at end of hospital year:			
In hospital(s) .....	133		133
On Conditional Discharge or otherwise absent .....	1		1
Total .....	134		134
Daily average in hospital(s) .....	145		145
Conditional Discharges Granted .....	1		1
Left without permission .....			
Returned .....			
Regular discharges .....	75		75
Statistical discharges .....			
Types of admissions:			
Voluntary .....			
Medical Certificate, Non-Judicial .....	62		62
Medical Certificate, Emergency .....			
Judicial .....			
Court Order .....			
Order of Governor .....			
Order of Mental Health Commission .....			
Other .....			
Total .....	62		62

## ALCOHOL &amp; DRUG ADDICTION CENTER

## GENERAL STATISTICS

FY 1972 - 1973

Patient Movement	Male	Female	Total
Patients on books of hospital(s) beginning of hospital year:			
In hospital(s) .....	26	9	35
On Conditional Discharge or otherwise absent .....	13	3	16
Total .....	39	12	51
Admissions during twelve months:			
First admissions .....	199	46	245
Re-admissions .....	126	40	166
Transferred in .....	2	1	3
Total received .....	327	87	414
Total on books during twelve months .....	366	99	465
Discharged from books during twelve months .....	328	90	418
Died during twelve months .....	1	1	2
Transferred out .....			
Total separated .....	329	91	420
Patients remaining on books at end of hospital year:			
In hospital(s) .....	37	8	45
On Conditional Discharge or otherwise absent .....			
Total .....	37	8	45
Daily average in hospital(s) .....	32	11	43
Conditional Discharges Granted .....			
Left without permission .....	11	6	17
Returned .....	2		2
Regular discharges .....	306	81	387
Statistical discharges .....	22	9	31
Types of admissions:			
Voluntary .....	216	60	276
Medical Certificate, Non-Judicial .....	83	21	104
Medical Certificate, Emergency .....	8	1	9
Judicial .....	4		4
Court Order .....	14	4	18
Order of Governor .....			
Order of Mental Health Commission .....			
Other .....			
Total .....	325	86	411



